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Family preservation in families' ecological systems: Factors that predict out-of-home placement
and maltreatment for service recipients in Richmond City

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of
Philosophy at Virginia Commonwealth University.

by

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Acknowledgement

I humbly offer my sincerest gratitude to all those who supported me from start to present. So many have contributed in the form of instrumental and emotional support to ensure the quality and value of this project and my experience conducting it. I'm grateful for my long-time advisor and dissertation chair, Dr. Melissa Abell and my committee member and mentor Dr. Mary Katherine O'Connor for compelling my independence and individual growth and for their unflinching belief in my aptitude. To my committee members: Drs. Holly Matto, Larry Williams, and Anne Kisor, thank you for being so warm and responsive. To my honorary committee member Dr. Pat Dattalo, you were a bright, shining spot in some dark moments, and I dedicate my entire HDFA to you. Thank you to Patty and Jamie McGrath Morris for establishing their dissertation writing fellowship and for providing me with an opportunity to understand the value of my research and to find my voice to express it.

I have so appreciated and enjoyed working with the administrative staff at VCU (Dan Park, Candice Tam, Doug Critcher, and especially Fay Wade), the staff at RDSS (Brinette Jones and Robert Moody kept me grounded and connected), and the staff at VDSS (Paul McWhinney, Matt Wade, Kevin Platea, Doug Brown, and Mark Sleeth); various components of this project and my journey would have never occurred without them. Thank you to John Cagle for his detailed feedback on my very long chapters one and two and for even tackling my chapter four in its earlier stages. And to *all* of my amazing colleagues in the doctoral program: I could not imagine feeling more loved or valued – you guys are family.

I have felt particularly fortunate to work alongside the incredible faculty at VCU, especially in the School of Social Work, who helped me to develop a real appreciation for collegiality, creativity, and encouragement in the workplace, and taught me to ask more questions and question more “truths.” I have also been blessed with wonderful family and friends outside of the program, who understood how important this all was to me, and thus made it their business to ask about it.

To Neil and Melissa Sanders, you provided me a “home office” away from home, “fuel” to keep me going, and enough support to make any amount of writing seem bearable. Finally, thank you Mom and John, for helping me to be the person I am today and loving me unconditionally. And to Bradley – our “parallel processes” could have made this whole endeavor more difficult, but you managed somehow to top your own selflessness and incredible generosity and make my non-academic world effortless and blissful. “God only knows what I’d be without you” (Asher, 1966).

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Abstract

FAMILY PRESERVATION IN FAMILIES' ECOLOGICAL SYSTEMS: FACTORS THAT PREDICT OUT-OF-HOME PLACEMENT AND MALTREATMENT FOR SERVICE RECIPIENTS IN RICHMOND CITY

By Jody Lynn Hearn, Ph.D.

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

Virginia Commonwealth University, 2010

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Family preservation services are intended to prevent the out-of-home placement (into foster care or some other alternative arrangement) of children and youth in families at risk of maltreating them. An Ecological Systems perspective of these families might suggest that a family's context (represented by the variables of poverty, agency services, family history, and individual/caretaker characteristics) must be considered as an over-arching influence in families' risk and outcomes. The purpose of this cross-sectional secondary data analysis study was to identify layered factors that distinguish family preservation cases in Richmond, VA that experience removal or subsequent abuse or neglect from those that do not, in order to make

recommendations about how services can be better directed to support families in caring for their children and youth. Using Hierarchical Discriminant Function Analysis, this research project evaluated the “predictive” values of the external conditions and internal characteristics of family recipients of the Richmond, Virginia Department of Social Services corollary to family preservation services on the outcomes of (a) successful case closure, (b) out-of-home placement during services, and (c) child maltreatment after case closure. Contextual factors (poverty), Agency factors (number of services and ratio of concrete services), Family factors (history of placement, chronicity of maltreatment, abuse risk score, and neglect risk score), and Individual/Caretaker factors (caretaker substance abuse, caretaker mental health, and family structure) were investigated.

The findings of this study showed that poverty, agency characteristics, and family characteristics each directly explained substantial amounts of variance among the outcomes and that poverty, provision of concrete services, and a family history of foster care placement best distinguished among families experiencing these different outcomes. These findings highlight the need of family preservation programming to directly address conditions of poverty in abuse and neglect risk, and suggest that the services provided to the families need better targeting to families’ needs. Recommendations based on this study include the development of a theory-based, local-evidence-based model of services for family preservation services at the agency for which the research was conducted.

Chapter One

Problem Statement

“Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people” (National Association of Social Workers [NASW], 1999). Children and youth (people under the age of 18) qualify as a vulnerable population in a number of ways, the most significant of which is that their success in adulthood is dependent upon adult provision of basic resources to meet their physical needs, a safe environment in which they can develop, and a sense of being loved and belonging. In the United States, 905,000 people under the age of 18 were found to have experienced child maltreatment (abuse and/or neglect) in 2006, approximately 2% of the child population (U.S. Department of Health and Human Services, Administration of Children, Youth and Families [USDHHSACYF], 2008b). The victimization rate of children and youth in the United States has held relatively steady at 2.6 per 1000 since 2002 (USDHHSACYF, 2008b). The families of these children and youth are generally responsible for their care and protection, but of the people who have been determined to be directly responsible for the maltreatment, 79.9% were parents, and 6.7% were other family members of the child.

Given its code of ethics, the social work profession is uniquely charged to help these children and youth. But what constitutes the most appropriate interventions and outcomes is debatable, most commonly split between a focus on child safety and a focus on family well-

being. The first perspective involves a primary concern for the safety of children and youth, suggesting that an alternative, safer, “better” environment for the child should be sought. Of the child victims in the U.S. in 2006, 21.5% were removed from their families of origin and placed in out-of-home care (USDHHSACYF, 2008b). In addition, 4.4% of children and youth who were not victims of maltreatment were removed from their homes.

The second perspective (a focus on family well-being) emphasizes the importance of a child’s family of origin to his or her development, suggesting that maintaining the child within the home of the family of origin should be the goal of intervention. The majority of child victims in the U.S. in 2006 (approximately 80%) were not removed from their homes after the initial investigation or assessment they had experienced (USDHHSACYF, 2008b), reflecting an initial primary focus on keeping the family together.

The above statistics regarding children and youth in foster care indicate that removal from the home is deemed necessary for a large portion of the population of children and youth who have been maltreated, but also that the most desirable setting for children and youth is ultimately with their families of origin. By the end of the 2006 federal fiscal year, 510,000 children and youth were in foster care (USDHHSACYF, 2008a), approximately 1% of the population under the age of 18 (USDHHSACYF, 2008b). The primary case goal for these children and youth was reunification with their family of origin (USDHHSACYF, 2008a), and of those that exited out-of-home care in 2006 (289,000), 53% were reunified (USDHHSACYF, 2008a).

An inability to return maltreated children and youth to the homes of their families of origin is, and should be, a concern for the social work profession. Children and youth exit foster care to different circumstances, some with a sense of permanency (e.g. living with other relatives

and adoption), and others with less (e.g. guardianship or independent living). When youth “age out” of foster care with few to no permanent familial connections, they are at a much greater risk of poor outcomes including mental health diagnoses, economic fragility, and homelessness (Casey Family Programs, 2005). In addition to the 53% of children and youth exiting foster care who were returned to their families, 33% exiting foster care in 2006 went to generally secure settings: 28% were either adopted or living with other relatives, and 5% exited to a guardianship arrangement (USDHHSACYF, 2008a). However, the outcomes for the remaining 13% of exiting children and youth were not so promising: 9% “aged out,” 2% were simply transferred to another agency, and 2% ran away (USDHHSACYF, 2008a).

Children and youth enter foster care based on the leading diagnostic criterion for removal from the family of origin: safety. If it is deemed unsafe for a child to remain with his or her family, an alternative arrangement is made. However, there does not seem to be much of a relationship between the type of maltreatment a child experiences and his or her safety in the home, which could suggest that a child is equally likely to be considered unsafe whether he or she was abused or neglected. In 2006, of all maltreated children and youth in the United States, 64.1% were neglected, 16% were physically abused, 8.8% were sexually abused, and 6.6% were psychologically maltreated (USDHHSACYF 2008b). This distribution is approximately the same for youth in foster care, suggesting that no one type of maltreatment increases the likelihood of removal. The types of services to keep a child in the home or return the child to his or her family must, therefore, be diverse and targeted to the problems and needs of the families, as those needs of families experiencing abuse are considerably different from those of families experiencing neglect (Faver, Crawford, & Combs-Orme, 1999). In addition, the large number of cases of

neglect suggests that there should be a particular drive toward addressing the problems families experiencing neglect might have, the most important of which is poverty.

Two major concerns arise from the current state of child maltreatment and foster care in the U.S.: (a) How can child maltreatment be prevented? And, (b) How can families be preserved and supported in providing the best environment for their children and youth? Both of these questions are addressed by a practice philosophy and approach called “family preservation,” the topic of this research project. If it is generally agreed that people under the age of 18 are expected to have better outcomes if they remain with their families of origin (or are returned relatively quickly to them), family preservation is the vehicle by which these outcomes can be promoted. Child welfare programming that is informed by a family preservation philosophy must be effective in preventing out-of-home placement and recurring maltreatment in families that are at high risk for both of these outcomes.

Rationale for study. No amount of child harm is desirable or acceptable. Unfortunately, for reasons that include both external and internal factors, families may not provide adequate care to their children and youth, or may even inflict harm on them. On the continuum of child welfare services, prevention programs are meant to prevent maltreatment by providing services or finding alternative placement for the children or youth involved. When these services fail to protect children and youth from subsequent harm, time and money may have been wasted. But more importantly, the involved children and youth may have experienced trauma from removal and other impermanent/inconsistent conditions where removal may have been preventable – because the basic needs of children and youth include the need for stable, permanent conditions with nurturing families and to be safe and loved (Pecora, Whittaker, Maluccio, & Barth, 2000). If those conditions can be provided in the child’s family of origin, the child welfare system has a

responsibility to provide services that support the original environment to prevent removal, for the benefit of the family and youth.

Programs that intend to prevent the removal of children and youth from their families assume that their families of origin are able, with support, to provide the needed care for them (Pecora et al., 2000). When children and youth are removed from their families despite the receipt of services, it is important to understand why the family was unable to provide adequate care in order for the child to safely remain at home. A comparison of families who are able to provide care for their children and youth at home (with the support of a prevention program) to those who are unable to do so may facilitate an understanding of the factors that affect their caregiving capacities. Identifying factors that distinguish cases that experience removal from those that do not may provide information about how services can be better directed to support families in caring for their children and youth. This project intends to identify factors that predict out-of-home placement (during preventive services) and subsequent maltreatment (after case closure) in families that have been identified by the Richmond City Department of Social Services (RDSS) as being at risk of maltreating (or repeating maltreatment of) their children or youth, and have been served by their Child Protective Services (CPS) Ongoing services unit.

CPS Ongoing services at RDSS are foundationally related to family preservation programming across the United States. While the agency does not officially link their CPS Ongoing services with the family preservation movement, it shares the foundational philosophy and goals. Therefore, an understanding of the philosophy, goals, and services that constitute family preservation can provide insight into the challenges and mechanisms of RDSS CPS Ongoing services.

Background: Family Preservation Philosophy and Policy

In the broadest sense family preservation espouses a philosophy that most children's needs are best met by their natural families, contends that by helping parents to more effectively function as caregivers and childrears, family and community life can be enhanced, and exhorts various levels of government to initiate and implement policies and programs to strengthen and support the well-being of families (Mannes, 1993, pp. 5-6).

The child welfare system, developed on a foundation of child protection, has a long history of providing out-of-home care for children and youth for various reasons based on the rights of people under the age of 18 and their inability to care for, or protect, themselves. An alternative perspective is one focused on the family unit as a whole, and the family's right to provide care for its children and/or youth, even when facing challenges in doing so. This latter perspective may even suggest that families who are facing challenges in caring for their children and youth have a right to services to assist them. This perspective could be called "placement prevention" and is the foundation of the family preservation philosophy.

Nelson (1997) has suggested that the emphasis on family preservation began in response to the actions of the charitable organizations of the 19th century, that removed children from their families and placed them into institutions and farm families in the Midwest to rescue them "from abuse, neglect, and all too often, poverty" (p. 102). The philosophy of family preservation actually has its roots in the first White House Conference on Children in 1909, when it was declared that children should not be deprived of family life for reasons of poverty alone (Nelson). This decree suggests that families should be assisted by the child welfare system to alleviate challenges they face that might affect their ability to care for their children adequately.

Clarification of terms. Before one can understand the role federal policy has in the family preservation movement and family preservation programming, one must understand what “family preservation” is and how it operates. “Family preservation” is a term used to refer to the array of attempts made by the child welfare system to avoid the placement of children and youth in out-of-home care, due to abuse or neglect, juvenile justice intervention, or mental health issues. One major source of confusion in this regard is that when discussing maltreatment-related intervention, there is no centralized definition or usage of the term “family preservation.”

Nelson (1997) has suggested that there are three different ways in which the term “family preservation” is used. 1) “Family preservation” is used to describe an overall child welfare goal (in that the goal of child welfare services is to keep challenged families intact). 2) Federal policy (actual legislation) that intends to promote the child welfare goal of keeping families intact is called “family preservation.” 3) Services and programs administered on state and local levels to challenged families to keep them together are also called “family preservation.” Adding to the confusion, the level of specificity and meaning attributed to “family preservation” as a child welfare goal and a policy initiative is dependent on how state and local agencies have chosen to manifest them in “family preservation” at the service delivery level (Nelson).

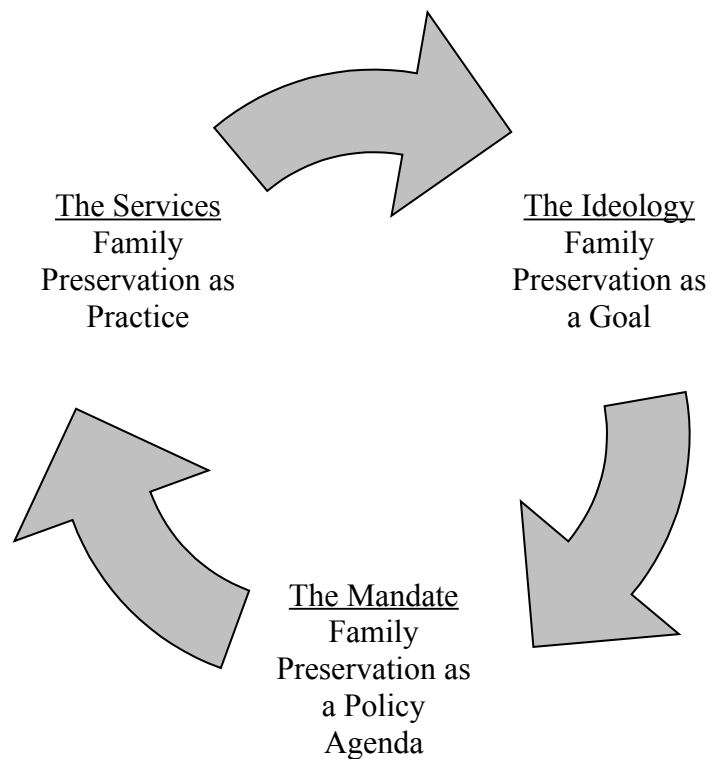
The three different uses of the same term poses a challenge to understanding how they are related to one another, as well as to organizing the family preservation movement as a whole. Guba’s (1984) framework for the definition of policy can be helpful here. According to Guba, all facets of service delivery (from federal legislation to clients’ experience of services) can be considered policy in one of three categories: *policy-in-intention*, *policy-in-action*, or *policy-in-experience*. The overall goals and purposes of policy are referred to as *policy-in-intention*, and are what policy is meant to accomplish. The activities that occur as part of the implementation of

policy are referred to as *policy-in-action*, and are the manifestations of interpretations of the *policy-in-intention*. The lived experience of the *policy-in-intention* and *policy-in-action* by clients receiving the services is referred to as *policy-in-experience*, and is based on the constructions of the client (himself or herself).

Both “family preservation” a child welfare goal and “family preservation” as federal legislation are *policy-in-intention*. They represent the goals, standing decisions, guides to discretionary action, and problem-solving strategies around the issue of families-at-risk. “Family preservation” as a child welfare goal reflects a more abstract and conceptual objective: keeping families together in the face of challenges, whereas “family preservation” as the body of federal legislation reflects more concrete purposes, detailing specific actions and solutions to problems faced by families to be carried out by states and localities. “Family preservation” as specific child welfare services and practice is an example of *policy-in-action* and represents the output of the “family preservation” as a child welfare goal and as federal legislation in the way it has been interpreted to guide programs and models. *Policy-in-experience* in this context would be actual clients’ own perception of their interactions with family preservation programming.

There seems to be a cyclical relationship among these terms and their apparent meanings (see Figure 1): family preservation as a child welfare goal (“the ideology,” *policy-in-intention*, or goals) informs family preservation policy (“the mandate,” *policy-in-intention*, or standing decisions on what must be done), that in turn informs and influences family preservation services provided by agencies (“the services,” *policy-in-action*, or outputs of the policy-making system). Using Guba’s (1984) framework, the child welfare goal of family preservation is the origin or the intent of the policy, the federal legislation is the delineation of the policy, and the services and practice are the interpretation and materialization of the policy.

Figure 1. Meanings of “family preservation” and the circular relationship among them.



Empirical evidence would be expected to play a role in these relationships, helping to guide policy or the development of interventions, but its role in the evolution of family preservation is notably absent. Without empirical evidence guiding the process, it is also unclear whether the *policy-in-intention* was developed to solve an existing problem or if a problem was identified to support an ideological stance represented by the goal and legislation that had already been established. The significance and processes of this relationship and the role (or lack thereof) of empirical evidence becomes clearer when analyzing the family preservation movement as a whole through a nonrational policy analysis lens, such as Stone’s (2002), which suggests that sometimes the manifestation of a policy influences its intent instead of the other way around.

The policy timeline. The child welfare system intervenes with families at risk of or experiencing maltreatment through family preservation programs and services based on federal policy around family preservation and support. These policies were generally enacted in the context of high rates of foster care placements and long lengths of stay for children and youth experiencing foster care in the late 1970s and early 1980s (Bagdasaryan, 2005). Among the important child welfare-related legislation since 1974, the policies that have been *most* influential to family preservation services have been the Adoption Assistance and Child Welfare Act (AACWA) of 1980 (PL 96-272), the Family Preservation and Support Services Program Act (FPSSPA) of 1993 (PL 103-66), and the Adoption and Safe Families Act (ASFA) of 1997 (PL 105-89).

The involvement of the federal government in states' child abuse and neglect programming began in 1974 with PL 93-247, the Child Abuse Prevention and Treatment Act (CAPTA). This law, along with its amendments in the Child Abuse Prevention and Treatment and Adoption Reform Act (PL 95-266) in 1978, established the role of the federal government in states' efforts to identify, prevent, and treat child abuse and neglect by providing financial assistance in the form of state grants. Specific attention to the family preservation ideology began when AACWA of 1980 (PL 96-272) was passed into law, requiring that child welfare agencies demonstrate that "reasonable efforts" have been made to keep children and youth with their families, particularly when they must be placed in out-of-home care. This requirement meant that agencies must provide the services and supports necessary to help families care for their children and youth in order to prevent foster care placement, turning attention to family preservation goals and away from foster care (Bagdasaryan, 2005; Cash, 2001; Nelson, 1997).

States that agreed to accept federal funding to support their child welfare programming were also required to develop child abuse and neglect prevention programs.

In 1992, the Child Abuse, Domestic Violence, Adoption, and Family Services Act (PL 102-295) offered funding to states for community-based child abuse and neglect prevention. Then, in 1993, the focus on family preservation goals intensified when FPSSPA (PL 103-66) was passed (Cash, 2001; Chaffin, Bonner, & Hill, 2001; Denby, Curtis & Alford, 1998; McCroskey & Meezan, 1998). This act, part of the overall Omnibus Budget Reconciliation Act, set aside federal funding specifically for “Family Preservation and Support Provisions” by name. This act acknowledged that the existing child welfare system was a treatment-oriented one, and required the integration of the very different perspective of preventive services into its services. This was the first federal law to explicitly suggest (and in some situations require) that states implement a family-focused/family-centered continuum of services, and makes the first attempt at a centralized definition of family and family preservation. The continuum of child welfare services has most recently been defined based on the level of prevention each service component promotes, using a public health framework: “family preservation” is considered to be a tertiary prevention/intervention that can be implemented with families who are at high risk of child maltreatment or are already experiencing it (Family Strengthening Policy Center [FSPC], 2007; Pope, Williams, Sirles, & Lally, 2005).

The next piece of legislation that promoted family preservation further was ASFA of 1997, which paid specific attention to the goal of permanency for children and youth. This law reauthorized the FPSSPA, but renamed it “Promoting Safe and Stable Families,” bringing greater attention to primary and secondary prevention programming in addition to family preservation. This is evidence of a shift in conceptualization, as the law extended family preservation services

to include components like time-limited reunification services, adoption and support services, and a renewed focus on child safety (encouraging states to document where “reasonable efforts” to keep the family together were not necessarily in the interests of the safety of the child), a trend that will be discussed later. In 2000, The Child Abuse Prevention and Enforcement Act (CAPEA) (PL 106-177) extended the federal funding for child abuse prevention to law enforcement agencies, despite the fact that law enforcement is a discipline with a different approach to serving children and families than that of the child welfare agencies that had originally provided these child abuse and neglect prevention services.

In 2001, the Promoting Safe and Stable Families Amendments (PL 107-133) further broadened the “net” of family preservation services, calling for greater services to families at risk of child abuse and neglect (more prevention than intervention), and therefore extending the family preservation definition to include infant safe-haven programs, promoting healthy marriages, and improving parental relationships. This law also promoted greater attention to research, evaluation, and technical assistance activities for child welfare agencies implementing these services. The Child and Family Services Improvement Act (CFSIA) of 2006 (PL 109-288) extended the stated family preservation and support program purposes to allow states greater flexibility in the use of funds for provision of services, authorized discretionary grants for states for services each deemed to be necessary, and required states to report to the federal government on what services they are providing and the population of clients they have served.

Guba’s (1984) framework of policy analysis can demonstrate the path by which each federal law that is developed around family preservation “prompts responses at the state level, including enactment of state legislation [state-level *policy-in-intention*], development or revision of state agency policy and regulations, and implementation of new programs [*policy-in-action*]”

(Child Welfare Information Gateway [CWIG], 2008, p.2) as a result of the interpretation of the federal legislation enacted. Varied challenges to the effective implementation of family preservation services have resulted from: (a) the complex conceptualization of family preservation *policy-in-intention* (the child welfare goal and federal legislation) and its relationship with family preservation *policy-in-action* (services and practice), (b) the lack of empirical evidence behind the promotion of those services, and (c) the overall pendulum swing of the function of the child welfare system, from child-focused (caring for orphaned children) to family-focused (caring for children and youth with parents who are not caring for them adequately), back to child-focused (protecting children and youth from parents who are harming them), and again to family-focused (preserving and “repairing” families at risk of abuse, neglect, or out-of-home placement) (Lindsey, 2004). Family preservation as *policy-in-intention* and *policy-in-action* faces challenges in delivering and demonstrating effective services, affecting the *policy-in-experience* of families at risk of child maltreatment and out-of-home placement. The ideology and politics of the major stakeholders in the family preservation movement are the primary foundation of this complicated context of services.

Ideology and politics. When considering the entire history of the field, the evolution of family preservation policy reflects an evolution of focus and purpose. The apparent intention of CAPTA (1974) was to establish the importance of identification, prevention, and treatment of child abuse and neglect, and place emphasis on these issues as social problems. AACWA (1980) intended to ensure that children and youth were not removed from their families of origin and placed in foster care unnecessarily. CADVAFS (1992) emphasized the importance of the community in child abuse and neglect prevention. FPSSPA (1993) promoted a family-focused continuum of services in child welfare.

Reflecting a shift in focus, ASFA (1997) represented a return to the concern for child safety. CAPEA (2000) involved law enforcement directly in child abuse and neglect preventive activities. This also reflects a shift in the conceptualization of child maltreatment itself: By involving law enforcement in child abuse and neglect programming, federal law implicitly suggested criminalization of child abuse and neglect, as opposed to the child welfare's previous role of remediation of child maltreatment. This had implications for the way in which the child welfare system would interact with families who were already experiencing child maltreatment.

The PSSF amendments in 2001 demonstrated a renewed concern for families *at risk of* child abuse and neglect (secondary prevention). And CFSIA in 2006 reflected a need for flexible services and funding to support families. Over the years, the politically-based issues family preservation policy has worked to address include: (a) When to remove children and youth from their families; (b) what role the community should have in the prevention of child abuse and neglect, (c) the provision of prevention and support services to families by an otherwise investigative child welfare system, (d) the balance of child protection and family-focused services, (e) the role of other disciplines in the prevention of child abuse and neglect (i.e. law enforcement), and (f) the need for a variety of services to meet all eligible families' needs.

Nonrational policy development. Epstein (1997) has suggested that policy should only be enacted based on rigorous, scientific evidence of an established problem and of the effectiveness of the solution being promoted. Translated into Guba's (1984) terms, this suggests that *policy-in-intention* should only be developed based on empirical evidence of an established problem, and its interpretation and application by *policy-in-action* should be based on empirical evidence that it is effective in addressing the established problem. Contrary to this ideal, family preservation *policy-in-intention* (as child welfare goal and federal legislation) and *policy-in-action* were

enacted without evidence of a specific established problem in the population. Why did families need to be preserved? What were the underlying issues families faced when experiencing out-of-home placement? These questions had not been answered before policy had been developed to “keep families together” and then services were developed based on interpretation of this policy without evidence that those services could effectively deliver that desired outcome.

Epstein’s (1997) claim above represents a linear, rational model of policy-making, involving the identification of a problem, establishing an effective intervention for the problem, and then implementing policy to promote the effective intervention (Stone, 2002). Stone has suggested, however, that in many cases, policy is enacted based on ideological or political motivations, in search of a problem and in the absence of effectiveness of the promoted “solution,” given that the context of policy development and implementation is a political and personal one. The current climate of practice and policy in the social work profession as a whole rests on evidence-based approaches, and yet neither the federal policies (*policy-in-intention*) nor the practice approaches developed by interpreting the federal legislation (*policy-in-action*) for the social work field of family preservation were based on evidence of the effectiveness of the proposed solution. No research had established the definitive efficacy of any family preservation service in improving outcomes for families or even reducing costs of child welfare services before the promotion of family preservation through federal policy (Bernard, 1992; Gelles, 1993; Karger & Stoesz, 1997). In fact, to this day, no unequivocal evidence can be identified for cost-efficacy and placement outcomes across family preservation models. Instead, there has been evidence for these distal goals of placement prevention or some seemingly related proximal goals (such as child behavior improvement) for some family preservation models (Homebuilders is an example) and not others.

Stone's (2002) model of policy analysis helps us to understand that while seemingly paradoxical, the process by which family preservation policy developed without empirical evidence in an evidence-based practice context is "logical" when considering the political foundations of the family preservation movement. Conceptually, keeping families together seems to be a logical solution to the high costs of and long stays in foster care (solving the problems for both states and children and youth). In addition, political pressures seem to be omnipresent when talking about mediating a) the role of government in family life, and b) the financial strain on states in negotiating (sometimes conflicting) child welfare goals and services (like providing foster care *and* family preservation services to one client population).

According to Karger and Stoesz (1997), the family preservation ideology was the single potential solution to a number of "sticky problems" (p. 2) in the early 1980s. They make the argument that family preservation had the potential to reduce foster care and permanency planning costs (though there was no evidence for this), and to avoid the conflict that was evident regarding the ethics of allowing child welfare workers and the child welfare system to "subordinate parental prerogative to children's rights" (Karger & Stoesz, p. 2; see also: Gelles, 1993). Family preservation could actually be seen as rooted in (and therefore pleasing to) both conservative and liberal political ideologies that children and youth fare better with their families of origin (rights of children and youth), families of origin (particularly biological families) deserve to keep their offspring (parental rights), and that government should have a restricted role in family matters, namely the removal of children and youth (Karger & Stoesz). Perhaps it is this dual-satisfying nature of family preservation – so attractive but also so paradoxical – that makes it difficult to establish a strong, financially supportive atmosphere in policy, as support of family preservation could be seen as requiring adequate federal funding to support families in the

face of welfare reform and budget cuts for social programming (Bernard, 1992; Karger & Stoesz).

Implications. One author has suggested that family preservation policy was actually enacted deliberately to disadvantage non-traditional families (e.g. single parent families), pushing a conservative agenda by defining “family” along politically conservative lines (Bernard, 1992). Bernard has suggested that there was no attention to actual goals and outcomes for families and purely an ideological and political impetus for the promotion of family preservation policy. Some authors have suggested that the lack of empirical evidence of the effectiveness of intervention to “preserve families” has actually been a *result* of the hasty ideological and political foci of the policy (Bernard; Karger & Stoesz, 1997). These authors actually challenged the idea that family preservation is always in the best interests of the child and suggest that perhaps removal is best for children and youth in some cases, especially when their safety is in question (Bernard; Gelles, 1993; Karger & Stoesz).

Courtney (1997) suggested that a more humble, targeted approach (recommending smaller-scale individualizeable services) to helping some families should take precedence over grand social intervention (larger-scale universal services), such as applying one family preservation model to the large and diverse pool of families at risk of or experiencing child maltreatment. The ideological positioning and political alignments of the movement may have overstated the positive potential of residual social services for preserving families when our society as a whole appears to be increasingly hostile to families (Courtney). As such, the foundation federal policy provides for family preservation services may not be targeted in the most appropriate way for benefitting a generally heterogeneous population of families at risk of or experiencing maltreatment, providing a poor foundation for the development of family

preservation services. This is further complicated by the evolution of family preservation *policy-in-intention* from a strong federal tax-supported effort into a state-focused model where states are provided limited funds to be used as each individual state interprets the policy (e.g. discretionary grants offered through the CFSIA in 2006). The way practice is derived from *policy-in-intention* is shaped by the structure and functioning of the government and is directly influenced by the politics therein, presenting unique challenges to the development and delivery of services.

The relationship between family preservation policy and practice. One challenge that results from a policy based on ideology instead of evidence is that agencies and localities are left without an established foundation of effective family preservation practice on which to develop their own services. This does not have to be considered a detriment to the eventual client, however. Federal *policy-in-intention* related to family preservation provides very loose and vague guidelines upon which states and localities can decide for whom, when, and how to intervene. Although coupled with reduced federal funding, this provides states maximum freedom to develop and provide services, given their potentially unique culture and economics as well as each state's own ideology and politics. More precise mandates may have been available from the federal level were the *policy-in-intention* developed upon evidence of effectiveness of some family preservation model or approach to improve the outcomes of interest, but those mandates' applicability to each state's population and identified (or unidentified) needs may have been questionable. While the development of *policy-in-intention* and *policy-in-action* without empirical evidence can be understood when considering the ideological relationship between family preservation as a child welfare goal and the practices derived from its interpretation, the lack of empirical evidence still means that the type of families with whom the

system eventually intervenes and the way in which it provides services may not best meet the needs of the families experiencing problems.

Another challenge is that policy may not be clarifying the role of family preservation in the continuum of child welfare services. The inconsistent use of terminology (where “family preservation” may refer to an ideology, a policy mandate, or a practice approach) likely makes it difficult for various stakeholders to communicate purpose, method, and effectiveness of family preservation goals, policy, and services. A lack of coordination and leadership among the stakeholders, and even among the biggest proponents of family preservation, means that there has never been a centralized voice organizing the family preservation movement and the way it is reflected in policy. This provides a tenuous foundation on which states and localities can build services (Kelly & Blythe, 2000).

The relationship between family preservation as a practice approach and family preservation policy is a rocky one. The philosophy of family preservation has experienced an ebb and flow of support as a result of the evolution of political perspective and priorities and challenges to various stakeholders (Kelly & Blythe, 2000). Robin (1989) and Briar, Broussard, Ronnau, and Sallee (1995) have attributed the state of disarray of the family support and preservation approach (in the way it is promoted and supported) to a lack of cohesion and the lack of a unified voice among those in the family preservation movement, a lack of grounded theory for family preservation interventions, and appropriate and rigorous empirical support for those interventions. Nelson (1997) supported this argument, when she called attention to the lack of a unified definition of “family preservation,” creating a situation of confusion around the goals and effectiveness of family preservation services. Most recently, a call has been made by the Family Strengthening Policy Center (FSPC) (2007) for coordination among funders, child

welfare agencies, and other services in order to support and promote family preservation programming. The field needs leadership and cooperation among those developing, implementing, and evaluating family preservation programs to increase the cohesion and voice of family preservation as a whole, in order to improve its impact (Kelly & Blythe).

Ideological positioning determines the “most important” issues to which policy (and resultant programming) will attend (Stone, 2002), potentially disadvantaging the eventual service recipient. For example, one thing that is minimized or ignored in family preservation policy is any attention to the contextual factors (such as poverty) that affect family functioning that might contribute to the risk of maltreatment. Further complicating matters is that family preservation with a family-centered focus is a different intervention approach from the child-protection focus the child welfare system has embodied since family preservation *policy-in-intention* began directing states’ practice while allocating very little funding to support it (Karger & Stoesz, 1997). This means that state and local agencies are left with few resources to create an almost entirely different intervention method, including making changes to organizational culture and workers’ perspectives.

Pelton (1993; 1997) has suggested that it is ineffective for the child welfare system to serve both functions of child protection and provision of family-centered services, and intimates that it is socially *unjust* for it to attempt such positioning. His argument suggests that the child welfare system, still serving an investigative and social control role of judging parent capacity and child protection cannot, and should not, serve a supportive and family-focused role, as it is misleading to the family (who may come to trust the “investigator” as a “supporter”) because the child protective role will always be most important to the practitioner and system. Pelton’s (1993; 1997) suggestion has been that the investigative role of the child welfare system be

relegated to law enforcement, allowing the child welfare system to provide family support and preservation as needed, to avoid role conflict and provide the most genuinely family-focused services to families at risk of or already experiencing child maltreatment. Pelton's argument is particularly relevant when considering the role law enforcement gained in child abuse and neglect prevention based on CAPEA in 2000.

Hutchison, Dattalo, and Rodwell (1994) provide a striking counter-argument to the suggestion of relegating investigation of suspected child maltreatment to law enforcement, though: "the ultimate outcome of the current proposal to assign child maltreatment investigation to the police could be that the law enforcement institution becomes the primary service provider to families at risk" (p. 334). They draw a parallel to the separation of financial assistance from social services in public welfare, where they contend that clients and workers alike found the system to be less helpful to clients and did not provide effective services to those clients with the greatest needs. If this same result of separation of purposes were to occur in child welfare, the potential for improving families' functioning and caring for their children and youth could essentially evaporate, leaving the child welfare system to include only the investigation of parents and removal of children and youth. Hutchison and Charlesworth (2000) also remarked that, in a way, the legal system has already been relegated the duties of the child welfare system, as the child welfare worker has become a kind of proxy for the legal system. They state that the workers' more recent role of collecting evidence and engaging in risk management detracts even the role of child welfare workers' themselves in understanding and serving families (Hutchison & Charlesworth). These arguments suggest that the provision of family preservation services in the modern child welfare context is limited by the goal of child protection, which has been elevated in priority by modern political and legal systems.

Child Protection. The relationship between family preservation policy and practice becomes a contentious one with respect to the protection of children and youth from harm. One major limitation to the family preservation philosophy of keeping families together is that it has the potential to lose sight of the child welfare goal of protecting people under the age of 18 in a safe environment (Gelles, 1993; Pelton, 1997). Even the general public opinion of family preservation in the past has reflected a concern that it is a threat to child protection (Nelson, 1997). A family-focused approach to services with families at risk of or experiencing child maltreatment is congruent with social work values on the surface, intending to attend to the needs of child *and family* in the family *context* (Fraser, Nelson, & Rivard, 1997).

The concern (parallel to the conflict that has existed over the history of the social work profession in the public sector) is that a system that has already been established as a social control (like the child welfare system with its charge to protect children and youth) would experience challenges (or would be incapable) of *also* filling the role of social justice or support (like working to keep families together in spite of risk of maltreatment to the child). Gelles (1993) posited that a policy that promotes keeping a child with or returning a child to a family at risk of or already experiencing child maltreatment is one that is directly putting the child at risk of being harmed which is contradictory to the purpose of the child welfare system. The alternative, according to Gelles, is a child-centered policy (unlike the family-centered nature of family preservation) that also deliberately matches services to the needs of children and youth, and that this approach is more appropriate than an all-encompassing family preservation policy and movement.

Poverty. Poverty is also a “sticky issue” when considering the relationship between policy and practice in family preservation. Related to the argument of putting a child at risk of

harm is leaving a child in an environmental situation that is poverty-stricken. The argument made in this case, however, is not that it may be better to remove the child, but that it may be more important to address the poverty-related issues families at risk of or experiencing child maltreatment are facing. Even for those poor families where the children and youth remain in the home long-term, they remain in a poverty-stricken home subject to the stressors and disadvantages of poverty. There has always been reluctance by policy makers to directly link poverty to child maltreatment (Nelson, 1984), and thus a reluctance to change more economic-related social policy with the goal of improving abuse and neglect rates (Eamon, 1994). MacLeod and Nelson (2000) have suggested that any intervention developed to address the overuse of out-of-home placement that does not address poverty-related factors for the family is missing the key, necessary component for change for these families.

Fanshel, Finch, and Grundy (1992) have suggested that public policy needs to focus particularly on issues of housing and financial need, and recommend that funding for child welfare preventive services continue to be offered in order to provide the concrete and material assistance families at risk of or experiencing child maltreatment need. Lindsey (2004) has been even more explicit in this charge by suggesting that the underlying reason that intensive casework services are ineffective (as they have been demonstrated to be in many cases of family preservation programming) is because they do not address poverty, the major challenge faced by families at risk of placement. Lindsey reports that, since socioeconomic status is the best predictor of out-of-home placement, poverty should be the primary issue to which the child welfare system and family preservation attends. He has even gone so far as to refer to child maltreatment as the “red herring of child welfare” (p. 177), drawing attention away from poverty, the true issue facing families at risk.

Conclusion. When families are at risk of or are experiencing child maltreatment, the child welfare system may intervene, governed by established federal policy. The underlying foundation of the system's intervention to preserve families is fraught with conflicts and paradoxical positions that lead to significant challenges in the provision of effective, meaningful services to families at risk of or experiencing child maltreatment. The family preservation movement and the establishment of various family preservation-related policies, while ideologically sound, reflect inconsistencies and misdirection in conceptualization and application that appear to trickle down to become challenges in service provision and evaluation.

In the whirlwind of the challenges, conflicts, and the political pull of family preservation policy, it continues to be promoted and required as services provided to families at risk of or already experiencing child maltreatment, and families at risk of out-of-home placement for their children and/or youth for other reasons. The indistinct mandates by policy, inadequate funding for services, conflict between family-centered and child-protective foci, and inattention to major contextual factors such as poverty have left child welfare agencies, administrators, and academicians on their own to find or create family preservation services that will help them to preserve the families who have come to their attention. The condition of family preservation *policy-in-action* consists of a lack of empirical evidence-based policy development as well as a lack of a unified voice of support and leadership drawing attention to the need for these components. The family preservation *policy-in-intention*, while ideologically sound when considering non-rational policy development, have led to a system that lacks a platform of service delivery from which those involved can design services accounting for the uniqueness of clients' needs. As a result, families' genuine fundamental needs are not being identified or met

by family preservation, due to political, definitional, and/or financial constraints reflected in family preservation *policy-in-action*.

Agency and Service Context

Evaluation of family preservation programs is necessary for ensuring effective services to prevent out-of-home placement and child maltreatment. In the current climate of evidence-based practice, it is necessary to identify the factors that support and inhibit the most successful services and outcomes for families. In Richmond, Virginia, the local Department of Social Services provides preservation-focused routine services through its Child Protective Ongoing Services (a component of their Family Stabilization Program), with the major goals of preventing out-of-home placement and subsequent child maltreatment. This research project was intended to serve as an evaluation of these services to identify those factors that distinguish families that experience successful case closure, out-of-home placement during services, and maltreatment after case closure. This information was intended to inform the agency on how to improve their Child Protective Ongoing Services to achieve the most positive outcomes for youth and families.

The focus of this project. On July 1, 2008, there were 1,425 cases open across all child welfare categories at RDSS. Approximately 35% of all child welfare cases were related to services other than foster care-only services: 368 CPS Ongoing cases, 70 Dual CPS and Foster Care cases, 47 Placement Prevention and Support cases, and 3 Maltreatment Prevention and Support cases. The rest of the cases were adoption, post-adoption, and foster care cases. The service goals of the RDSS Family Stabilization Program (and CPS Ongoing services specifically) are foster care prevention and prevention of subsequent child maltreatment. RDSS had become concerned about those CPS Ongoing cases that are eventually transferred to foster care, because such a transfer is indicative that placement could not be prevented. In addition, the

agency had become concerned with those CPS Ongoing cases that experience future substantiated maltreatment after case closure. These outcomes were considered by the agency to be unsuccessful and undesirable outcomes.

Given the objective of placement prevention (though the agency does not employ a risk assessment for out-of-home placement), the agency wanted to improve services to better reduce episodes of removal of children from their homes and to better prevent maltreatment after the families have received preventive services from the agency. This project attempted to identify the characteristics of cases that experience placement and subsequent maltreatment in order to help the agency to understand the outcomes of the families they have served while establishing evidence-based practice.

The explicit goals of CPS Ongoing services are to prevent out-of-home placement and child maltreatment in families receiving services (those families who have already been assessed to be at risk of child maltreatment and believed to be at risk of out-of-home placement). This project sought to identify those factors that predict out-of-home placement and subsequent child maltreatment for cases receiving CPS Ongoing services. The variables included in the model were variables that had been identified in the literature (and appear in bold text later in this proposal) as being important in predicting the identified outcomes.

Research Questions

The aim of this project was to identify those characteristics that best distinguish among the outcomes of (a) successful case closure, (b) out-of-home placement during services, and (c) subsequent maltreatment after case closure experienced by (any child in) families who have received CPS Ongoing services from RDSS. The research questions for this analysis are:

1. What factors best “predict” the outcomes of success, placement, and maltreatment for families experiencing CPS Ongoing services?
2. What amount of statistical variance is accounted for by variables that are in closer “proximity” to the family when controlling for contextual, environmental variables?
3. What moderating effect, if any, do the variables of poverty and type of maltreatment (abuse, neglect, or both) have on other factors that influence outcomes?

The researcher conducted a hierarchical discriminant function analysis (HDFA) to identify the best differentiating factors for the three major outcomes of families at risk of or experiencing maltreatment in this agency.

The focus on placement and subsequent maltreatment may be interpreted as a deficits-based perspective on families receiving CPS Ongoing services. This project did not view these families as being “failures,” but instead as families for whom placement and maltreatment prevention services were not successful. Particularly, the outcome of placement was not interpreted immediately as an unsuccessful case closure reason – in some cases, placement is the most appropriate decision for a child and family. To serve the needs of the agency in becoming aware of the families and cases toward which they should direct attention, this analysis focused on the outcomes of placement and subsequent maltreatment – these are outcomes that suggest the families involved were not adequately served by RDSS CPS Ongoing services.

The characteristics included in the proposed model included the context-level variable of poverty (financial need) and the family-level characteristics of: (a) history of placement, (b) chronicity of maltreatment (in the past), (c) abuse risk score, (d) neglect risk score, (e) caretaker substance abuse, (f) caretaker mental health, and (g) family structure. The model also involves

the case-level characteristics of: (a) number of services provided and (b) ratio of concrete services provided.

Data were collected from RDSS administrative case records. The target population included families who have experienced CPS Ongoing services with RDSS in its current programmatic form, established approximately six years ago. This project selected families who experienced CPS Ongoing services between January 1, 2006 and January 1, 2008 (whose cases were both opened and closed in that period). Those families were divided into three groups: “successful” (closed without experiencing placement during services or maltreatment after case closure), “placement” (experiencing placement during services), and “unsuccessful” (experiencing maltreatment after case closure).

Utility of this project. RDSS has been making multifaceted efforts to improve and strengthen preventive services to families in order to ensure the most positive outcomes for the children and youth of Richmond, VA. The purpose of this study was to identify the characteristics that are “predictive” of the inability of the RDSS CPS Ongoing services unit to prevent foster care placement and recurrent maltreatment for families assessed as at high risk of both. The findings of this project and knowledge of characteristics that distinguish successful families from other families can help RDSS tailor its services to particular types of families and cases in order to better serve them. It would also be beneficial to understand for which types of families and cases RDSS is able to prevent out-of-home placement and recurrent maltreatment, as it can lead to an understanding of for which cases the agency is doing “something right.”

Conclusion

The prevention of child maltreatment and out-of-home placement is a necessary and worthwhile endeavor given the rates of maltreatment and foster care in the United States. Family

preservation-informed practice is positioned to prevent recurrent maltreatment and out-of-home placement. The history of family preservation is riddled with debates over philosophical differences (child safety vs. family rights) and underlying “causes” (particularly the inattention to the issue of poverty) that have fractured the ability to effectively determine the optimal solution to these problems, the primary victims of which are a dependent, vulnerable, and in some cases oppressed population. These fundamental concerns affect the ability of a family preservation program to accurately target and provide services to prevent maltreatment and out-of-home placement. If a program also lacks the foundation of a theoretical model or evidence base, it is particularly difficult to “point to” the effective and non-effective components of services. To determine effectiveness of such a program – a step RDSS is likely to take after this project concludes – one must start with identifying for whom the services provided are “successful” and for whom they are not.

This investigation was such an outcome-focused inquiry into the factors that affect the outcomes of family preservation-informed CPS Ongoing services provided by RDSS. The purpose of this investigation was to inform (or make suggestions for reform of) the services provided to families at risk of out-of-home placement and subsequent maltreatment. A literature review follows, to provide a foundation of information about family preservation-informed services and the challenges they have faced over the course of the family preservation movement, and the methodology of this investigation is then detailed.

Chapter Two

Family Preservation Practice

Family services categories. Given that the design for delivery of family preservation programs is left to the discretion of state and local child welfare agencies, a variety of manifestations on different levels of intensity have developed. Family Preservation Services (FPS) consist of intensive and non-intensive services with attention to various aspects of risk for families and children. Intensive Family Preservation Services (IFPS) are a distinct subcategory of FPS that involve families more deeply and with greater concentration of services. Each of the variants on family preservation policy themes within the types of FPS reflect different intended levels of prevention as goals and vary in perspectives and techniques.

One major conceptual difference among all existing FPS is their intended client populations. Three major categories of clients served by family preservation are child welfare, mental health, and juvenile justice populations. The pool of family preservation programs in operation today serves all three of these populations. Of most interest to this project are family preservation programs serving only the child welfare population, as the Richmond City Department of Social Services (RDSS) Child Protective Services (CPS) Ongoing program serves clients primarily based on their risk of subsequent maltreatment. Juvenile justice- and mental health-focused family preservation programs are valuable to the field of maintaining family connectedness in the face of serious problems children and families face (even given the many limitations of family preservation), even though they are not provided to the population family

preservation was developed to serve. This incongruence with the intent of family preservation means that these programs are not relevant to the services being evaluated by this project, and are therefore not included in its analysis.

FPS target families already in crisis related to abuse or neglect (Chaffin et al., 2001; Herrick, 2002; Layzer, Goodson, Bernstein, & Price, 2001), but may or may not have actually experienced maltreatment yet. Some definitions of FPS include the prevention of foster care recidivism (in addition to the prevention of foster care placement) in the intended goals. This is usually manifested through reunification services to families for whom placement has already occurred (Brown & Little, 1990). Although there is great variety in the specifics of FPS (detailed below), they are all secondary prevention efforts with a selective population.

The subcategory of IFPS has received the most attention in the child welfare family preservation continuum of services. These services consist of time-limited, highly intensive work with families incorporating clinical and concrete services, with the overall purpose of preventing foster care placement of the children. The most popular and represented model of this type is called Homebuilders, and is built on a foundation of crisis intervention. IFPS are those with the highest level of concentration of services and are intended for those families with the highest risk of abuse and neglect and out-of-home placement. Two major ways that IFPS are differentiated from other FPS is in the level of risk of out-of-home placement and the intensity (frequency, availability, and duration) of services. IFPS are appropriate for families at “imminent” risk of placement, and involve more intensive services than other FPS which are appropriate for families at “substantial” risk of placement (Institute for Family Development, n.d.).

IFPS are “family-focused, community-based crisis intervention services designed to maintain children safely in their homes and prevent the unnecessary separation of families. IFPS

are characterized by small caseloads for workers, short duration of services, 24-hour availability of staff, and the provision of services primarily in the family's home or another environment familiar to the family" (CWIG, 2007a). Herrick (2002) has reported that the goals of family preservation services (to which she also refers as "intensive home-based services") are: "to resolves (sic) the immediate crisis, maintain safety of children at home, support families preparing to reunite or adopt, to be culturally competent and appropriate, to prevent out-of-home placement, and to break the multi-generational cycle of abuse" (p. 2). While the services are more intensive than those of FPS, the length of time is typically shorter.

The goals of IFPS are actually the same as those of other FPS, but the approach to achieve them is different. These services are typically provided as tertiary prevention with the selective population of families who are already experiencing maltreatment. According to Fraser et al. (1997), the defining characteristics of FPS are services provided to families at some level of risk of out-of-home placement that are: (a) time limited (though not all IFS programs are time limited), (b) flexibly scheduled, (c) in-home, (d) tailored to family members' needs, (e) provided within family's culture and values, (f) available twenty-four hours a day, seven days a week, and involve (g) small caseloads per worker (Fraser et al.).

Family preservation services and models. The underlying foundation of placement prevention is evident in most, if not all, family preservation approaches and could be seen as the conceptual link among them. Some are derived from theory explicitly, some implicitly, and some not at all. Some family preservation services are guided by an explicit established model of services and outcomes, and some are provided more flexibly, fluidly, and customizeably.

Family preservation services are built on a foundational goal of placement prevention. Regardless of whether they are based on an established, theory-driven model, family

preservation services provide varied types of assistance through different components of service provision (often individualized to family needs) to improve family functioning and reduce problems families face in order to improve their ability to care adequately for their children. Each configuration of services varies in characteristics like theoretical orientation, target population, identified problem, caseload size, intensity of services, duration of services, setting of services, type of agency (public or private), type of practitioner (professional, paraprofessional, or volunteer), and auspice of services (direct or through referrals/case management) (CWIG, 2007b).

Given the variety represented in the literature, it seems that family preservation services provide one or a combination of the following types of services:

- concrete assistance (providing material resources),
- counseling/clinical services,
- parent training,
- social support, and
- occasionally structural interventions (multi-systemic or community-level change).

Those services that provide concrete assistance and structural interventions are those that reflect attention to contextual factors that influence family functioning and child maltreatment risk.

These services usually include a continuum of multi-component services to provide a more comprehensive approach to the problems of child abuse, neglect, and placement risk. FPS and IFPS programs may involve systemic-level intervention, including involving the schools, juvenile justice system, mental health system, and the community, though these types of services are not common.

Family preservation services most often appear to involve multi-component interventions, involving various systems and addressing multiple family issues. Fewer services involve only one technique or attention to only one particular family problem. The vast majority of services involve some attention to the concrete needs of families, providing instrumental assistance in areas like financial assistance, housing, transportation, and food. In addition, many services involve clinical components, providing mental health treatment to help families to cope with mental illness and substance abuse, for example. Social support is also a well-represented component of family preservation services, noting the isolation many families at risk of or experiencing child maltreatment may be facing. Cognitive-behavioral interventions are relatively common, attempting to improve parenting skills.

Family preservation programs are often reflections of the amount and quality of resources available to them through the agency or locality in which they are located. An example of how this plays out is a set of six demonstration projects for the Chronic Neglect Consortium (DiLeonardi, 1993), a set of programs that incorporated family empowerment and participation, professional and paraprofessional teams, and group services to ameliorate chronic neglect. Each agency used different targeting practices given their agency context, and provided different services, depending on the resources available and the client population to be served (both of which varied from state to state and agency to agency). Concrete assistance and social support were provided through paraprofessionals (DiLeonardi).

Programs and services will also most likely be geared to the specific problems and concerns of the population that is being served. An example of this is the Lower East Side Family Union (LESFU) program in New York (Alvelo, 1986; Fanshel et al., 1992), a program that provided foster care prevention services to urban poor families experiencing various

problems associated with poverty. The LESFU provided concrete assistance (housing, problem-solving, service brokering, emotional support, advocacy for financial services) to intervene in family crisis situations. This program was unique in a number of ways, as a result of catering to the needs of the unique population it serviced. It was not as intensive as most IFPS, but it was focused on crisis intervention with specific attention paid to poverty-related crises, demonstrating a concrete effort to keep families together.

Two general approaches to providing family preservation services seem to have developed in child welfare. The first is a more holistic approach, in which agencies or providers incorporate the family preservation purposes and goals into all routine services provided families at risk. For the purposes of this review, these programs will be called “preservation-focused routine services.” This means that families at risk of maltreatment or out-of-home placement would receive services from the agency or provider that are not necessarily explicitly linked to a prescriptive established practice model, but instead are generally guided by family preservation principles. These services would be a more direct interpretation of family preservation goals without an intermediary prescription of specific services that must be provided to achieve those goals, and can include service purposes that seem contradictory to family preservation goals, such as foster care and kinship care. These agencies and their services gain less attention in the family preservation literature.

The approach of preservation-focused routine services is in contrast to a more concentrated approach, in which an agency or provider might adopt one established prescriptive model (or a combination of multiple models) of family preservation services to serve the function of family preservation for that agency or provider. For the purposes of this review, these programs will be called “programs with explicit models.” In this approach, the family

preservation purposes and goals are interpreted and translated by the practice model, which prescribes specific actions and practices that must be followed in order to achieve those goals. While agencies providing preservation-focused routine services might adopt some established practice model to assist in their overarching effort toward family preservation, what distinguishes the former approach from the latter is that the family preservation services are interpreted directly by the agency as opposed to being interpreted by some established practice model. Those discrete “programs with explicit models” designed around family preservation are more prevalent in the literature.

Preservation-focused routine services. Child welfare agencies provide services to families at risk of maltreatment with any combination of services that are intended to meet families’ assessed needs. Services and referrals to services that provide families with concrete assistance, parent training, and day care services are examples of the methods by which child welfare agencies help families at risk of or experiencing child maltreatment through case management. Of course, in very high risk situations, or in situations when the situation is severe, placement into out-of-home care (including kinship care) is also part of routine services for child welfare agencies. Even this practice, however, can be considered to fit within the goals and purposes of family preservation services.

“Routine” services can be implemented with the goals of family preservation. Some states and localities have organized and managed their social services agencies around prevention of family problems and crisis assistance in order to maintain family units without developing separate family preservation programming, per se. Examples are Kentucky’s service delivery model developed in 1985 (Triplett, Preston, Henry, & Thompson, 1986), seemingly the first state “to operate a statewide family based service delivery system which used its own direct

service employees almost exclusively as service providers” (Triplett et al., p. 9) and Allegheny County, Pennsylvania, where the entire continuum of child welfare services is provided with the overarching goals of prevention and family preservation, claiming adoption and long term foster care as failures and last resorts (National Family Preservation Network [NFPN], 2006).

A different, unconventional approach within preservation-focused routine services actually involves out-of-home care, suggesting that one can preserve a family without the family having actual physical custody of a child, and that family connectedness (even when reunification may not occur) is the most important and most valuable outcome that should be promoted. In this perspective, family connectedness should be a goal of *both* family preservation and foster care services. When children are removed from their families of origin, foster parents and the foster care worker should facilitate family connectedness in a reasonable alternative to family preservation (Forsythe, 1989). Attachment, bonding, and family preservation do not necessitate actual physical custody of the child, and that belief is actually harmful to children in care who wait for the safety of the family to improve so they can return (Brydon, 2004).

In some interventions, removal of the children is actually seen as a family preservation action. According to Forsythe (1989), therapeutic, treatment, or specialized foster care can actually be used to facilitate family preservation, as removal of a child is easier than allowing the child to stay in the home (due to community pressures, accountability, and resource limitations) and other factors limit the responses to family crises to removal and placement (Forsythe). Family connectedness, the facilitation of a continued closeness and attachment between the child and family, can be used to strengthen family bonds regardless of physical custody and the negative experiences that a child may face in foster care placement.

Burford, Pennell, MacLeod, Campbell, and Lyall (1996) have advocated the use of Family Group Decision Making and reunification as an important tool for supporting positive family functioning, while balancing the goals of family preservation and child protection. Kinship care is also sometimes seen as a family preservation service (as some may argue that it is not removing the child from his or her family) and sometimes seen as a foster care service (as removal from the family of origin has still taken place). It cannot be ignored that when dealing with risk and incidence of child maltreatment, there will be times when it will be most appropriate to remove the child from his or her family in order to protect the child from harm. This is why some authors approach out-of-home care and reunification as components of family preservation. Scannapieco and Jackson (1996) have suggested that the use of kinship care, specifically in African American families, is a manifestation of cultural resilience and strength and is indeed a form of family preservation and should be officially and formally supported as such.

When out-of-home care is used as family preservation, concurrent planning must be performed as well in order to establish a quick transition to permanence should a family of origin be unable to change in order to meet the needs of the child (Brydon, 2004). Youth who are removed from their homes experience negative outcomes during and after their stay in care and part of preventive services should include supporting and treating various components of youth's experiences in care to prevent those negative outcomes, including the important component of biological family connection (Bloom, 1998). Family connectedness and permanency planning appear to be two components of services that address the issue of meeting *both* child and family needs in cases where out-of-home care is deemed necessary in preservation-focused routine services.

Programs with explicit models. In contrast to preservation-focused routine services, some agencies choose to adopt established concentrated family preservation models as their vehicle for family preservation services. These family preservation models can be classified into three categories, originally established by Nelson, Landsman, and Deutelbaum (1990), but still mostly holding true today. All family preservation programs seem to fit among categories of (a) crisis intervention, (b) home-based services, or (c) family treatment. In addition to any routine child welfare services, those family preservation models that serve primarily child welfare populations described by these categories make up the constellation of available services to reduce risk of out-of-home placement and subsequent child maltreatment.

Two modifications may need to be made to the Nelson et al. (1990) typology when talking about child welfare-centered family preservation models today. The first is that the family treatment category originally established by Nelson et al. referred mostly to therapeutic services (most likely offered to mental health and juvenile justice populations for the purpose of reducing child behavioral problems). Very little of the literature around the use of treatment-focused family preservation services refers to their use with child welfare populations. When referring to child maltreatment-focused family preservation models, fewer are driven toward therapeutic treatment of families and more are focused on psychoeducational interventions intended to change parent behavior and cognition. These types of services (treatment and psychoeducational models) are similar in their cognitive-behavioral focus, but different in where the intended change should occur, namely, the parents are the change focus of psychoeducational family preservation services. Even with comprehensive services like home-based services and crisis intervention, the change focus is more on the parents than the children.

The second modification that may need to be made is that there are program models (though not frequently mentioned in the literature and perhaps rare in the field), that approach family preservation with an active effort toward involving other systems (such as education, juvenile justice, and mental health) in the efforts to address the presenting concerns with each family. This type of model does not necessarily occur in the home of the client, and does not necessarily involve the intensive work that crisis intervention models involve. These are called multisystemic interventions and warrant attention for the potential they have for addressing more systemic-level issues with families at risk of or experiencing child maltreatment, such as poverty.

These four categories (crisis intervention, home-based services, family treatment/psychoeducational services, and multisystemic intervention), in addition to preservation-focused routine services, provide a framework for understanding the types of services available to families experiencing or at risk of experiencing child maltreatment. The wide range and array of all FPS can be classified into these categories. This typology can assist in understanding the availability of explicit practice models that guide the provision of FPS for families at risk.

Crisis intervention. Most, if not all, IFPS models can be classified into this category. Homebuilders, arguably the original family preservation model, serves as a prototype for family preservation models throughout the literature on the topic since 1974, when it was developed. This model was built on a crisis intervention foundation, with the concept that families are most open to change when experiencing a crisis, and that this is the optimal time to provide services to change family patterns of behavior to reduce the likelihood of the same crisis in the future (Kinney, Dittmar, & Firth, 1990). A particularly large portion of the family preservation models available today are essentially the Homebuilders model, modified in one way or another by an

agency or locality. Westat, Inc. (1995) found that across the country, the selection of family preservation models that were *not* built on the Homebuilders model was limited. As an example of how ubiquitous the Homebuilders model is, one can refer to the National Family Preservation Network's (2003) IFPS protocol, of which one of the purposes was "to define intensive family preservation services and the standards for its successful implementation" (p. 3). This protocol details the Homebuilders' model values and beliefs (and service characteristics) as part of its guide to *the right* kind of IFPS, suggesting that Homebuilders is and should be the prototype, citing the vast evidence for its effectiveness.

These services are most often called IFPS because their crisis-oriented perspective leads them to make services available to families around the clock, and provide families with access to their worker intensively (Horchak-Andino, 2003; NFPN, 2003). Services are only provided for a short time, however (reflecting the crisis intervention perspective), ending shortly after the crisis is resolved. Workers' caseloads are particularly small (Horchak-Andino; NFPN). In the Homebuilders' model, workers may carry as few as two cases at a time (Kinney et al., 1990), though some variations of the model attempt to replicate the intensity of the Homebuilders model with workers' caseloads reaching the double digits. Crisis intervention components involve a mix of ecological systems theory (concrete services) with social learning theory-related components that attend to both parenting and issues that are not directly related to parenting, including household management. These components are almost always provided in the families' homes. The multi-component characteristic of this type of services usually includes case-management of service coordination to meet families' many needs, making these services comprehensive. In addition, Cash (2001) has suggested that the underlying concepts of IFPS built on the Homebuilders' model are inherently congruent with social work values, citing hope,

power, respect, the value of ‘not knowing’ (acknowledging that the worker is not an expert), and the ability to do harm as key components shared between the Homebuilders’ model and social work values.

Home-based services. Most non-IFPS family preservation models fit into this category. In many ways, home-based family preservation services look very much like crisis-intervention family preservation programs. They are typically a combination of services based on ecological systems theory (concrete services) with social learning theory-related components and are provided in the families’ homes. Home-based services also work with the family system directly, and are informed by family systems theory. This means that services also include attention to intergenerational patterns of behaviors and interaction, and improvement of family patterns through some more cognitive-behavioral informed components. Workers have larger caseloads and provide services longer than in crisis intervention services. These multi-faceted services typically include some type of case management in service coordination to provide comprehensive assistance to families. Home-based services vary in duration, but are generally lengthier than crisis-intervention services.

Family treatment and psychoeducational services. Many models that are not explicitly identified as family preservation models but that include placement prevention as a goal fall into this category. Nurturing Parenting Programs (NPP) (Family Development Resources, Inc., 2008; Pope et al., 2005) are an example of the psychoeducational approach to family preservation. The most striking difference between this type of model and the previous two (crisis intervention and home-based services) is that it is not usually provided in the families’ homes (although in some cases, like NPP, service provision in the home is occasionally made available for convenience of the families or worker, not for purposes of assessment of the home or contextualization of the

services for the families). The second most important distinction is that the provision of concrete assistance and attending to families' immediate basic needs is less important in a family treatment model than it might be in a crisis intervention model. This type of services is generally more singularly focused, or involves only a few components, and is less comprehensive, not providing case management or service coordination for families' needs. In some interventions, cognitive-behavioral parent training is used to reduce the risk of removal of target children, prevent removal and placement, and improve family functioning. (Callister, Mitchell, & Tolley, 1986). This type of model is not typically informed by ecological systems theory, which is reflected by a lack of attention to the families' contextual needs and the lack of provision of concrete services, which are, arguably, the primary necessary component of successful parenting and reducing child maltreatment risk (Dore, 1993; Eamon, 1994; Faver, et al., 1999; Fernandez, 2007).

Multisystemic interventions. Callister et al. (1986) reported on a family preservation program model that uses a mix of clinical and concrete services that are provided at the parent and family level with active involvement of the school, juvenile justice system, and the community on a case-by-case basis. Cimmarusti (1992) suggested that families' and parents' abilities to provide a safe environment for their children are impaired by multi-level systemic constraints and the competence the family already has can be uncovered by removing those constraints. Therefore, a multi-systemic model can be effective at empowering families and improving family functioning to protect children, helping to balance family-focused services and child protection goals to the benefit of families (Cimmarusti).

Theories underlying family preservation services. According to Berry (2001), there are five key elements of best practices in providing services to attempt to preserve families: (a)

intensive one-on-one time in the family's home without time limits for progress to occur; (b) quick solutions to problems that are more easily solved, maintenance of social relationships, and advocacy for relevant services in the community; (c) building community resources that can support all families and consider the virtues of nontraditional families; (d) supporting families by helping them to make their own decisions; and (e) developing a forthright relationship with the client family including honest and timely disclosure of all information available. These components are characteristics of services that may be applied to any family preservation program or model, suggesting that a fixed constellation or series of services is not necessarily the only way to approach families in need of family preservation services.

These components of services best describe the theoretical underpinnings of most family preservation services (be they used implicitly or explicitly). Crisis theory, as described by Caplan (1964), is reflected by the intensive and concentrated work with families and the focus on enacting the simpler solutions (addressing the most felt need by the family which, for family preservation populations, is most likely some basic need) first. One place where some family preservation services diverge from crisis theory is in the time-limits for services, where crisis intervention family preservation models do impose time limits on their services to families. Social learning theory, as described by Bandura (1977), is reflected in the provision of services in the family's home. This provides the family a chance to observe and practice some of the skills or knowledge they may have acquired in the environment in which they will be using it, which is important to the success of the acquisition of those skills and knowledge. The provision of services to help the family maintain social relationships reflects a social networking theory influence, as described by Barnes (1954), on family preservation services.

Broader perspectives (in addition to the more prescriptive theories mentioned above) have influenced the development and philosophy of family preservation services. The influence of an ecological systems perspective, as described by Bronfenbrenner (1979) or Germain and Gitterman (1986), on family preservation services is seen in the focus on building community resources and helping families to access resources in the community. This reflects an acknowledgement that the community is part of the family's risk of maltreatment as well as a potential protective factor for the family. An empowerment or strengths perspective, as described by Saleebey (2006), influences family preservation services in their focus on helping the family to make its own decisions and the inclusion and appreciation for the strengths of nontraditional families. This also has led family preservation services to place importance on the relationship between the worker and the family, and emphasize honest and direct communication among them. A solution-focused perspective, as described by Berg (n.d.), is also reflected in the focus on the identification of specific needs and work toward addressing those needs for families at risk.

The above-mentioned theories and perspectives appear to have influenced preservation-focused routine services, crisis intervention services, home-based services, treatment or psychoeducational services, and multi-systemic services. Specific models in these categories may have been influenced by other theories as well. Home-based services and treatment or psychoeducational family preservation models typically appear to have been influenced by cognitive-behavioral theory as described by Ellis and Harper (1975) in that in many cases they focus on changing parents' thoughts and behaviors regarding child rearing. These programs also seem to have been influenced by family systems theory, as described by Bowen (1985) in their

approach to improving family functioning and addressing the effects of intergenerational patterns of risk.

Based on the literature around family preservation services, these theoretical influences are not usually acknowledged by the service providers or developers. Practice seems to have been developed based on the philosophy of family preservation instead of using theory to link “problem” to “solution.” Without an explicit theoretical link, it may be more difficult to assert the effectiveness of the intervention. This is a major critique of family preservation services that will be discussed later. In lieu of explicit theoretical linkages, evidence-based practices have been identified to ensure that the solutions in practice are effective in addressing families’ needs and promoting positive outcomes for clients of family preservation services.

Evidence-based best practices. Family preservation services that have been identified as evidence-based practice involve a mix of multi-component programs, psychoeducational group services, psychoeducational individual services, psychotherapeutic individual services, and social support interventions. They include some preservation-focused routine services as well as some established models. Generally, these models fit within the modified Nelson et al. (1990) typology described above, with some unusual cases.

Preservation-focused routine services. The National Family Preservation Network (2006) has commended the Allegheny County approach to child welfare services as a highly effective method of preserving families. In this approach, the agency provides prevention services and works with the community to prevent families’ entry into the child welfare system. Caseworkers are not expected to make placement decisions individually, as administrators are actively involved in assessment, decision-making, and service provision, and shared responsibility for cases is emphasized. In this approach, relative placements are provided with

the same kind of resources as non-relative placements and reunification is the highest priority when placements must occur. Adoption is actually viewed as a failure or last resort, but when it must occur it is expedited and virtually seamless (NFPN).

An acceptable/emerging practice, Shared Family Care (Barth, 1994; National Resource Center for Family Centered Practice and Permanency Planning [NRCFCPPP], 2008), is a corollary to IFPS, but is administered by removing parents and the children from environments that are not conducive to their substance abuse recovery (and may be helpful for neglecting families). Some families need residential treatment (instead of community-based) to improve their housing situation, provide services for a longer period of time, and provide closer attention to the parenting in order to protect the child. Residential care is less costly than conventional group care programs, and works with the family by removing the entire family for multi-faceted intervention instead of removing the children with little intervention at the family level (Barth). This kind of support for the inclusion of entire families in out-of-home care, along with the emphasis and valuing of kinship care demonstrated by the Allegheny County approach are good examples of how out-of-home placement can be a valuable part of family preservation.

Crisis intervention. Two IFPS models have been identified as having been demonstrated effective with families at risk of placement due to reasons of child maltreatment. Both Homebuilders (NFPN, 2006; NRCFCPPP, 2008; Pope et al., 2005) and Michigan Families First (Pope et al.) are multi-component in-home interventions that use a combination of concrete and clinical services to assist families at risk of placement and involvement with the child welfare system.

Home-based services. Five family preservation models have been identified as having been demonstrated effective with families at risk of placement due to child maltreatment risk or

incidence. Project 12 Ways/Project SafeCare (NFPN, 2006; NRCFCPPP, 2008; Pope et al., 2005), Nurse-Family Partnership (NFPN; Pope et al.), Healthy Families New York, Project Connect (NRCFCPPP), and Family Connections (Pope et al.) are effective models that are each home-based and multi-component, providing various services to meet the needs of their client populations.

Three models have been identified as promising in some way. Tribal Family Preservation (Pope et al., 2005) is a promising model that applies home-visiting type family preservation concepts in a culturally competent manner for tribal families. The promising models Crisis Nursery Care and Project FirstStep (NRCFCPPP, 2008), as well as the demonstrated effective model Family Connections (mentioned above), are home-based, but include some external component (services available at some other location in the community or agency, in addition to home-based services). Each of these models could be classified as multi-component services.

Family treatment and psychoeducational services. Five models have been identified as having been demonstrated effective with families at risk of placement due to child maltreatment risk or incidence. Dare to be You, Effective Black Parenting and Nurturing Parenting Programs (Pope et al., 2005) are effective models with child maltreatment placement risk by providing psychoeducational group services. Multi-component services are provided by Families and Centers Empowered Together and Multi-Systemic Family Treatment (Pope et al.) (provided in various settings) effectively with child maltreatment placement risk populations. Social Support intervention is provided by the promising models of Social Support Network and Parents Anonymous (Pope et al.) with child maltreatment populations.

Six models have been identified as promising in some way. Parents Encouraging Parents (Pope, et al., 2005), Project STAR (NRCFCPPP, 2008), Fussy Baby Program (providing

psychoeducational services on an individual level), and Parenting Partnership (providing psychotherapeutic services on an individual level) (Pope et al.) are promising models for child maltreatment populations, but are unlike the other family treatment services in that they are provided in the home. They fit into this category because other than the location of services, these models are more like other family treatment services particularly in their narrow focus on psychoeducational and therapeutic issues in the family.

Family Preservation Services Effectiveness and Critique

Given the many varied categories and types of services that are housed under the umbrella of family preservation services, evaluation of the success of these services and the variables that are important to desired outcomes is a complex task. Authors have attempted to identify the success of these programs by focusing on different dependent variables (case outcomes, client outcomes) and different independent variables (client and service characteristics). The sheer variety of outcomes and variables used can likely be linked back to two major issues in the conceptualization of family preservation programming in general. The first is that a lack of policy direction and theoretical grounding for family preservation programming means that different programs may have been designed with different outcomes in mind (for example, some services may be focused on preventing placement where others may be focused on improving family functioning). The second major issue in the conceptualization of family preservation programming that has implications for family preservation evaluation is that a general lack of theoretical grounding for family preservation programming means that expected relationships between particular characteristics of clients and services with outcomes have not been established (which may be particularly true with subcategories of maltreatment or other

presenting problems and the outcomes each may experience), leading to a virtual array of variables being identified as important to family preservation outcomes.

Evaluations of family preservation as an intervention approach have been conducted with larger-scale foci (comparing various family preservation programs to one another) as well as on an individual program basis. Those evaluations attempting to evaluate the effectiveness of family preservation programming reflect the complex context in which family preservation programming operates and in which it was developed. According to Frankel (1988), family-centered programming before 1988 was more focused on family functioning than placement prevention (as placement prevention was not promoted until it was emphasized as part of the policy efforts beginning in 1993). At that time, however, Frankel identified caseload size, type of service (concrete vs. clinical), number of family problems, poverty, prior placement, and available resources as important factors for placement prevention in early family-centered programming.

MacLeod and Nelson (2000) conducted a meta-analysis to examine some of these variables a little bit more closely. According to their review, services with different service characteristics yield different results. The authors reviewed the following types of services: home visiting – proactive, multicomponent – proactive, social support/mutual aid – reactive, media, intensive family preservation, multicomponent – reactive, and parent training and found that each type has variable effects with different types of clients. Reactive services are more effective with families who have children at school age and adolescence, and perform better in short term outcomes, whereas proactive services are more effective with families who have children in infancy and perform better in long term outcomes (MacLeod & Nelson). Those services that seek change in family wellness (as opposed to proxy measures of child maltreatment and risk) are

more effective, and as far as duration of services is concerned, shorter time frames are much less effective than longer time frames (MacLeod & Nelson).

Chaffin et al. (2001) examined service and client characteristics of various family preservation services and found that program completers do not differ from program dropouts or recipients of one time services and there is no relationship between program intensity or duration and the outcomes on which each individual configuration of services intends to focus. They also report that service types designed to help families meet basic concrete needs and services using mentoring approaches are more effective than parenting and child development-oriented programming. Additionally, center-based services are more effective than home-based services, especially among higher risk parents (Chaffin et al.). The authors suggested that their findings do not support the effectiveness of family support and preservation in preventing future maltreatment cases or of home-based types of services, particularly with certain subpopulations. Like Frankel (1988) and MacLeod and Nelson (2000), however, Chaffin et al. did not focus on out-of-home placement specifically as an outcome of these family preservation services. In their review, Fraser et al. (1997) reported that family preservation services significantly reduced out-of-home placement when compared with other services (but that this effect was observed with a subsample that was made up of “more difficult cases” that generally did more poorly in treatment).

Fanshel et al. (1992) conducted a study in which they support the claim of efficacy of the family preservation (foster care prevention) configuration of services called the Lower East Side Family Union and suggest that it is an example of how funding for community-based preventive programming can be (and is being) well-spent and effective in some areas. However, given the murky guidance of family preservation programming in policy and in theoretical orientation, it is

difficult to make such a statement about family preservation programming as a whole (as evidenced by the variety of findings above). What is more feasible is to evaluate each family preservation configuration of services individually, with attention to its intended outcomes.

Many evaluations have been conducted on individual family preservation and family support programs and services, in order to establish the effectiveness of these services as well as to identify factors that affect the outcomes for clients and participants. Outcomes that have been the subject of evaluation for family preservation programs include: (a) placement and custody change, (b) maltreatment, (c) child functioning, and (d) family functioning. In addition to these, the more general outcome of case closure has garnered attention, typically grouping together variables related to placement and client cooperation. The variables that have been identified as having an effect on these outcomes for family preservation seem to fall into the following categories: (a) Environmental/Resource factors, (b) Inter-Agency factors, (c) Agency factors, (d) family characteristics, (e) Individual/caretaker characteristics and (f) Individual/child characteristics. These variables and their associated outcomes are summarized in Table 1, and are detailed below. Presented here are the variables that have been identified as important to the outcomes on which this research project will focus: placement and custody change outcomes and subsequent child maltreatment. These outcome variables will serve as the dependent variables for this research project. The independent variables important to those outcomes that have been selected for the analysis in this research project appear in bold, and have been selected based on the availability of the data to the agency and the importance of that variable as identified in the literature.

Table 1. Predictor Variables Associated with Family Preservation Outcomes by the Literature

	Out-of-home Placement Outcomes	Maltreatment Outcomes
ENVIRONMENTAL/RESOURCE FACTORS		
Income	X	X
Housing	X	
INTER-AGENCY FACTORS		
Court Involvement	X	
AGENCY FACTORS		
Type of Services	X	
Intensity of Services	X	X
Worker Contact Time	X	
Number of Services	X	
Assessed Risk of Placement	X	
“Booster Shots”		X
Hours of Services	X	
Worker Assessment of Success [±]	X [†]	
FAMILY CHARACTERISTICS		
Marital Conflict	X	
Motivation	X	
Parent-Child Conflict		X
Request for relief of custody	X	
Chronicity of Maltreatment	X	X
Family Problems/Change in Family Problems	X	
History of Placement	X	
History of Social Services Use	X	
Maltreatment	X	
INDIVIDUAL/CARETAKER FACTORS		
Caretaker Health/Mental Health	X	
Family Structure	X	X
Substance Abuse	X	
Race [±]	X [†]	
Caretaker History of Maltreatment [±]	X [†]	
CHILD CHARACTERISTICS		
Child behavior problems/symptoms	X	
Child Age	X	
Child Substance Abuse	X	
Child Disability [±]	X [†]	

[±] Some or all findings were not statistically significant

[†]These findings were not statistically significant

Placement and custody change outcomes. One major goal of family preservation in any form is the prevention of out-of-home placement for youth in families at risk. This could be conceptualized to include the prevention of transferring custody of the child to another person or agency, regardless of where the child physically resides. Determining the variables that are important to the prevention of out-of-home placement or custody change for youth in families at risk informs this research project of which variables may be predictors of out-of-home placement for the population with which the target agency for this research project works.

Environmental/resource, inter-agency, agency, family, individual/caretaker, and individual/child characteristics have all been identified as important to the outcome of out-of-home placement or custody change.

Environmental/resource factors. The environmental/resource factors that have been associated with placement outcomes are: (a) housing issues and (b) **income**. Families with housing problems, including lacking adequate or any housing or receiving housing assistance, have been identified as having the greatest likelihood of placement (Littell, 1997; Stiffman, Staudt, & Baker, 1996). Littell found this relationship to be a significant one for the risk of placement, but not for maltreatment. Stiffman et al. found the relationship between receipt of housing assistance and placement to be significant, but the relationship between housing problems and placement only to be correlated (not statistically significantly).

Income has been identified as an important variable related to the outcome of placement for families in family preservation, though some authors disagree on its importance. Some have found that part time and full time employment were associated with lower rates of placement and AFDC receipt was associated with higher rates of placement (Stiffman et al., 1996). But those associations among employment, AFDC receipt, and lower income with out-of-home placement

have also been identified as not statistically significant, unless the presenting problem was child behavior problems (in which case, those experiencing placement were more likely to have been on AFDC) or violent or chaotic environment (in which case, those experiencing placement were more likely to have higher economic risk) (Thieman & Dail, 1997). Families with out-of-home placements were also more likely to have previously used social services (Thieman & Dail).

Inter-agency factors. The inter-agency factor that has been associated with placement outcomes for clients in family preservation programs is court involvement in the case. Families experiencing out-of-home placement were more likely to have children under court jurisdiction (Thieman & Dail, 1997). In addition, the condition of not having juvenile justice court involvement in the case predicted success in returning custody to the parents (Bribitzer & Verdieck, 1988).

Agency factors. The agency-related factors of: (a) the assessment of success and (b) the assessment of risk of placement have been shown to be accurate in their prediction of and relationship to actual placement rates. Workers' assessments of a families' success were higher for families avoiding placement (though this relationship was not statistically significant), and those cases that had experienced placement were assessed as being at greater risk of placement at service termination (Bitonti, 2002). Additionally, targeting in intensive family preservation programs has been deemed accurate, in that as risk of placement increased, so did treatment effects (Kirk & Griffith, 2004), supporting the reservation of intensive family preservation programs for the highest risk client populations.

Other agency variables of: (a) number of hours of services, (b) **type of services**, (c) intensity of services, and (d) **number of services** that clients received have been associated with placement outcomes. Those families experiencing placement had a greater number of hours of

concrete services and collateral contacts (Bitonti, 2002). A greater intensity of contact with caseworkers has been associated with greater rates of placement at three and six months post-termination (Littell, 1997). According to Littell, this may be because the greater intensity of contact led to what she calls “‘case finding’ effects” (p. 34) where workers were more involved and therefore more likely to uncover maltreatment or other problems. Another possibility, Littell reported, is that a higher intensity of services were provided to cases that were higher risk and were therefore more likely to experience negative outcomes regardless of the services’ concentration. And families who used a larger number of support services are more likely to experience a successful outcome, having custody returned to the family (Bribitzer & Verdieck, 1988). A greater number of hours of worker supervision has been associated with increased placement rates, but this relationship was not statistically significant (Stiffman et al., 1996).

Variations have been identified in the role that the type of services provided has in placement outcomes. Many programs deemed “successful” in preventing placement and/or improving family functioning provide public assistance, housing, and concrete financial help to families at risk of maltreatment (Alvelo, 1986). The provision of a wide array of concrete services has been associated with a reduction in the risk of placement at three months post-termination (Littell, 1997). Though not statistically significant, referral to job readiness services, education or job training, or drug or alcohol rehabilitation services have all been associated with increased placement (Stiffman et al., 1996). The overall effectiveness of intensive family preservation services (versus traditional child welfare services) has been established in that families receiving IFPS experienced significantly reduced or delayed placement (Kirk & Griffith, 2004).

Family characteristics. The family characteristic variables that have been associated with placement outcomes for clients in family preservation programs are: (a) parents' request for relief of custody, (b) family motivation, (c) **presence of maltreatment issues**, (d) **chronicity of maltreatment**, (e) family problems and change in family problems, (f) **history of placement**, and (g) a history of social services use. When the reason for services is a parents' request for relief of custody, the family is less likely to have custody returned to them (Bribitzer & Verdick, 1988). Families that experience placement are rated lower in motivation at intake (Bitonti, 2002).

A relationship has been identified between parent perpetration of physical or sexual abuse or neglect and placement, though this relationship was not statistically significant (Stiffman et al., 1996). This nonsignificant finding is important because it has been established that cases for which neglect and abuse were present together have been identified as significantly more likely to experience placement than cases with each individual type of maltreatment singly (Bitonti, 2002). Additionally, the chronicity of child abuse or neglect has been identified as being significantly related to an increased risk of placement at various points in a post-termination period (Littell, 1997).

The number and type of family problems a family is experiencing has been connected to placement outcome. As the number of family problems increases, the risk of placement increases, particularly for families whose presenting issue was child behavior problems (Coleman, 1995). Families who experience placement have been identified as having higher parent risk (a measure indicating severity of family problems) particularly for those families whose presenting problems were a violent or chaotic environment, parental dysfunction, or child maltreatment (Thieman & Dail, 1997). Coleman found, however, that the problem of marital

conflict actually decreased the risk of placement for families whose presenting problem was maltreatment. Unfortunately, no potential explanation for this seemingly counterintuitive finding was provided. Additionally, families with a history of out-of-home placement have been identified as more likely to experience another placement (Littell, 1997; Thieman & Dail), and previous family separation has been identified as an important risk factor in the risk of placement at the end of family preservation services (Fanshel et al., 1992).

Given the general condition of disproportionality of race in foster care, it might have been expected that race would serve as a variable important to out-of-home placement outcomes. The literature does not reflect a distinct correlation among this variable and outcome. Race has been identified by only one study as being an important variable related to placement rates, with black families experiencing greater rates of placement than white families, and this relationship was not found to be statistically significant (Stiffman et al., 1996).

Individual/caretaker characteristics. The individual caretaker characteristics identified in the literature as important to the outcome of placement are: (a) **caretaker health and mental health**, (b) **caretaker substance abuse**, (c) **family structure**, and (d) caretaker history of maltreatment. Families that experience placement also have been identified as more likely to be suffering from a health condition, physical disability, adult mental health problems, and were more likely to have had previous psychiatric care (Bitonti, 2002; Littell, 1997; Stiffman et al., 1996; Thieman & Dail, 1997). Cases where families have alcohol or cocaine problems have been identified as more likely to result in placement (Littell) and, in one study, cases that involve substance abuse were identified as more likely to result in placement than cases involving mental illness (Bitonti). According to another study, no families with substance abuse experienced

placement at all, although the association between substance abuse and placement in this study was not statistically significant (Stiffman et al.), contradicting other research.

Family structure has also been associated with placement outcomes. Having a greater number of children in the home has been associated with greater rates of success in avoiding placement (Bribitzer & Verdick, 1988). When a mother is absent from the home, the presence of the grandmother in the home has been identified as decreasing the risk of placement (Fanshel et al., 1992). According to the findings of Stiffman et al. (1996), which were not statistically significant, families without a mother in the home have experienced greater rates of placement than families with a mother in the home, and for families where the mother was in the home, single mothers have been identified as having the greatest risk of placement, followed by those mothers with another adult in the home at less risk of placement, though these relationships were not statistically significant. When mothers and fathers are in the home together, the family experiences greater rates of returning custody to the family (Bribitzer & Verdick), and are at little to no risk of experiencing placement (Stiffman et al), though this latter relationship was not statistically significant.

Families where a caretaker had his or her own history of victimization by abuse have been identified as more likely to experience placement (Stiffman et al., 1996), though this relationship was not statistically significant. This finding is important, however, as it is included on certain risk assessment tools, including the Structured Decision Making Risk Assessment Tool (Children's Research Center [CRC], 2006), used by RDSS and other Social Service agencies across the country.

Individual/child characteristics. The child characteristics that have been identified as a source of variation in placement outcomes are: (a) child behavior problems, (b) other child

problems, (c) child substance abuse, (d) child disability, and (e) child's age. Child behavioral problems, including delinquent behavior have been associated with higher placement rates, a higher risk of placement, and living instability (Bitonti, 2002; Coleman, 1995; Thieman & Dail, 1997). This is true for families whose presenting problem is a child's behavioral problem, but also for families whose presenting problem is maltreatment (Coleman; Thieman & Dail). Other child problems, defined by Thieman and Dail as child's mental health, child's school adjustment, and child's cooperation, also affect placement outcomes. Families that experience placement have higher rates of child problems, particularly for families whose presenting problems are child maltreatment, violent or chaotic environment, or parental dysfunction (Thieman & Dail).

Substance abuse was identified by Bribitzer and Verdick (1988) as a child characteristic that affects the return of custody to the parents. Families in which an identified child was a substance abuser have a tendency toward outcomes where custody is not returned to the parents (Bribitzer & Verdick). Having a child with an identified developmental disability was associated with placement as well, though the relationship was not statistically significant (Stiffman et al., 1996). In addition, just the presence of a child under age two in the home has been identified as increasing the risk of placement (Littell, 1997).

Child maltreatment outcomes. Another, sometimes secondary, indicated goal of family preservation programs is to reduce the risk and incidence of child maltreatment in families who are receiving services. The "success" of family preservation service can be determined by how well they reduce the risk and incidence of child maltreatment in the families with which they work. Identifying the variables that are important to child maltreatment outcomes informs this research project of which variables might be predictors of subsequent child maltreatment for the population with which the target agency works. Environmental/resource, agency, family, and

individual/caretaker characteristics have been identified as important to child maltreatment outcomes. Interestingly, no individual/child characteristics have been identified as being important to child maltreatment outcomes. Perhaps this is because there is an effort to avoid blaming children for the maltreatment against them.

Environmental/resource factors. The environmental/resource factor of **income** has been identified as an important variable to the outcome of maltreatment of children whose families are receiving family preservation services. For families whose presenting problem was child behavior problems, a lower income has been associated with an increased risk of subsequent child maltreatment (Coleman, 1995).

Agency characteristics. The agency-related characteristics that have been associated with maltreatment outcomes for clients in family preservation programs are: (a) the use of “booster shots” (follow up intervention) and (b) the intensity of services. For families whose presenting problem was child behavior problems, the use of “booster shots” or follow-up intervention components has not been shown to ameliorate family dysfunction (Coleman, 1995). Intensity of contact with caseworkers has been associated with an increase in substantiated reports of maltreatment at three and six months post-termination (Littell, 1997). Intensity of contact with parent aides has been associated with an increase in substantiated reports of maltreatment at three months post-termination (Littell). Intensity of contact with all workers has been associated with an increase in risk of maltreatment at three and six months post-termination (Littell). Those children in families experiencing family preservation services have been identified as at no greater risk of subsequent maltreatment than those receiving traditional child welfare services (Coleman).

Family characteristics. The family characteristics that have been identified as variables related to child maltreatment outcomes for families in family preservation services are: (a) parent-child conflict and (b) **chronicity of child maltreatment**. For families whose presenting problem was abuse, parent-child conflict has been identified as decreasing the risk of subsequent maltreatment (Coleman, 1995). The chronicity of child maltreatment has been associated with an increased risk of subsequent maltreatment through the one year post-intervention period (Littell, 1997).

Individual/caretaker characteristics. The individual/caretaker characteristic that has been identified as important to the outcome of maltreatment for children of families in family preservation services is **family structure**. A two parent family structure has been associated with a lesser likelihood of experiencing subsequent maltreatment than a single parent family structure (Coleman, 1995).

Critiquing family preservation programs and their evaluation. Given the variety of family preservation models in use, it is extremely difficult, if not impossible, to compare them to one another in the effectiveness or important independent variables to their outcomes. A review of the literature identifies that obviously certain family, service, and child characteristics are more visible in evaluations, and have some relationship to family preservation outcomes. However, a family preservation evaluation cannot derive expected relationships between these variables and outcomes based on the literature, given (a) the differences in service provision guided by different models and (b) the limitations of the research in family preservation that identified these variables in the first place. As such, as one embarks on an evaluation of a family preservation program, it is more useful to use theory to guide hypotheses and focus on the individual program at hand, rather than to expect that the variables identified by various

evaluations of diverse family preservation programs will behave in the same way in one individual program of interest.

Critique of programs. Many critiques of family preservation programs have been offered, on various characteristics, components, and purposes of services. One of the largest critiques is the lack of theoretical grounding of family preservation programming (which then leads the inquirer to a critique of the evaluation of family preservation programming). Relatedly, the seeming lack of explicit prescriptive models of services has been debated. The role of poverty in child maltreatment risk and the ability of current family preservation programming to address social and structural issues of poverty have gained much attention. The lack of support (financial and otherwise) for kinship care as a family preservation effort has also been identified and challenged. Additionally, the ability to target services appropriately and consistently with program components and desired outcomes has been challenged.

Family preservation models and the use of theory. While this literature review identifies a number of evidence-based practices in family preservation, a number of family preservation models that have not been identified as evidence-based or rigorously evaluated are in operation across the country. Westat, Inc. (1995) identified 38 placement prevention programs focused on child welfare issues in 14 states, and noted that in many cases, administrators of the programs could not articulate a theoretical foundation of the specific services administered in their programs. Many of the programs replicated or adapted existing family preservation models, but no distinct theoretical framework is articulated for the adapted model. What seems to be occurring in these programs is a combination of types of services, many of them home-based, without any established prescriptive model to guide them (Westat, Inc.).

An explicit direct link to some kind of theoretical framework is not always made in every family preservation program, and an established model of services and outcomes is not always provided or used in every family preservation program. In some cases, what an agency refers to as “family preservation services” is a combination of referral and direct services that the agency provides to any client that comes to their attention. This appears to be the result of seeking to individualize services to each family’s needs, an argument against establishing and administering a fixed constellation of services to be provided to each family consistently (i.e. a prescriptive practice model for family preservation). Feeding into the ambiguity of family preservation models is the argument that a prescriptive theory-driven model might restrict services too much to be able to address families’ individual unique needs. Individualization of services to each family’s expressed and assessed needs is common among family preservation programs, and this perspective was reflected in the redefinition of program purposes in the Child and Family Services Improvement Act of 2006.

Theoretical foundations of family preservation programs are a significant topic of conversation within the literature. The importance of theoretical grounding to the design of family preservation programming has been highlighted by multiple authors as important and necessary to not only effective service provision to clients, but also to knowledge building in the family preservation field, and to the unity of the family preservation movement (Hilbert, Sallee, & Ott, 2000; ten Brink, Veerman, de Kemp, & Berger, 2004; Wells, 1994). Dylla and Berry (1998) suggest that the lack of theoretical grounding in family preservation programming is one of the reasons why we know very little about how it works and how effective it is. They urge that family preservation services be developed with intentionally consistent links to theory in such a way that will assist the field of family preservation to build a foundation of theoretically-based

knowledge about what works and then build from that foundation a variety of theoretically-informed interventions (Dylla & Berry).

Ten Brink et al. (2004) have suggested that a program model made up of descriptive and prescriptive theory is necessary for effective family preservation services (citing the Families First program in the Netherlands, developed out of Homebuilders, as an exemplar). Other than benefitting the outcomes of family preservation programming, the use of a theoretical model can actually provide the ability to measure the *process* and characteristics of the services being provided, allowing the researchers to tackle the problem of the “black box of services” (ten Brink, et al.). Unrau (1995) has suggested that clarity can be gained in this arena by operationalizing program philosophy, structure, and treatment logically and consistently. Unrau stated that part of the problem is that workers and administrators do not understand the difference between how a program is organized and how services are implemented, as a result of this lack of clarity within family preservation programs.

Use of explicit prescriptive family preservation models. McCroskey and Meezan (1998) have suggested that a family preservation model that represents not just one type of service, but an entire comprehensive continuum of family-centered services could better meet all families’ needs for support and intervention (including child safety and family stability). They suggest that this could be accomplished by offering family support and rehabilitative and intensive family preservation with collaboration of community service providers in many arenas (for example, financial support and housing) and strong family-worker relationships. In addition, McCroskey and Meezan have emphasized that communities need to be strengthened to support families and will benefit from the outcomes of their involvement and support of families.

Hess, McGowan, and Botsko (2000) have actually suggested a combination of family preservation and family support characteristics for an effective family preservation intervention. Hess et al. reported on an intervention that combined the family preservation characteristics of a family focus, development of a relationship between the family and the worker, day-to-day staff accessibility, flexibility to develop individualized plans with the family support characteristics of a broad range of services and inclusivity of different types of families and presenting problems, no diagnosis or labeling of clients, and no time limit on services (including allowing clients to return for services after termination). In addition to these characteristics, the program provided community-based services in the agency location to reduce the need for referrals and increase accessibility for clients (Hess et al.). This multi-component intervention included therapeutic support, coherent and coordinated long term services, and a continuum of children and family services that is not narrowly targeted, better benefitting the clients participating (Hess et al.).

Some authors argue that agencies and programs should administer family preservation services with flexibility and individualization of services, and there should not be a “model” of preservation services (Brown & Little, 1990). Courtney (1997) has suggested that it is inappropriate to use a general, fixed family preservation model to address family issues that are not homogenous and that may result from larger societal-level issues. Service and support approaches should be developed for clearly defined subpopulations of families and children who come into contact with the child protective services system (Courtney; Wells, 1994). Supporting this, MacLeod and Nelson (2000) have argued that outcomes of family preservation programs differ by child’s age and the type of abuse or neglect the family at risk of experiencing. Such a call for individualization of family preservation services to family needs and issues could be

construed as an argument in support of the “preservation-focused routine services” approach to family preservation services.

Poverty. However unique each family may be, one commonality seems to be that families receiving family preservation services all experience multi-dimensional, complex problems and needs. One major component that seems to be omnipresent is the presence of poverty and other socioeconomic structural issues, major challenges for these families that cannot be solved by the child welfare system and family preservation services alone (Fernandez, 2007). FPS families are predominantly poor, and therefore experience pervasive issues such as very low income, poor access to resources, mental health issues, and child behavior problems (Eamon, 1994). While IFPS attempts to prevent placement for families at high risk, it may be that those families for which it fails or is only minimally successful are those experiencing poverty-related complications.

The IFPS component of concrete assistance appears to be effective, addressing the most immediate concerns of poor families, but while placement is prevented for longer in these families, the outcomes are still not sustained (Eamon, 1994). IFPS cannot meet the deep-seated, complicated needs of families experiencing poverty, and thus rates of placement are not likely to ever be acceptable, given the high rates of poverty IFPS families experience (Eamon). According to Dore (1993), family preservation programming does not meet the specific needs of families experiencing poverty, and those characteristics that have been reported as predicting “failure” of families in family preservation programs are actually characteristics of the depression and stress that can be linked to poverty (e.g. impaired functioning, inconsistency in parenting, inappropriate or excessive use of physical punishment, indifference, or apathy or rejection of the parenting role). According to Dore, family preservation programming should include components that

directly address these stress- and depression-related issues in poor families, but no improvement in family preservation programming is going to fix the structural/societal issues that contribute to family breakdown (Dore). That change would have to be greater than at the programmatic level.

Culture and out-of-home care. Some states use ASFA (1997) funding money as community-based services available to kinship care providers or for placement provision, but most do not, which results in removing kinship care from the context of family preservation, neglecting to provide valuable resources to these kinship care providers who might actually be serving the purposes of family preservation. Many agencies and localities do not do as well as the Allegheny County model (NFPN, 2006) in supporting relative placements with the same quality as non-relative placements. Given that a major strength of African American families is their sense of responsibility around caring for children in their kinship networks, this is a cultural issue for African American families in the system as it has an impact on the resources available to all families, but does not take advantage of African American families' strengths in particular (Danzy & Jackson, 1997; Scannapieco & Jackson, 1996).

Appropriate targeting and provision of services. Other than the lack of theoretical grounding, and the inability to address larger societal problems that lead to the risk of maltreatment, targeting has received the most attention in critiquing family preservation services. According to Schuerman, Rossi, and Budde (1999), it is virtually impossible to develop some kind of standard for decision making on which families are most appropriate for family preservation services based on risk of placement. Even experts did not have a high degree of agreement among themselves on cases where family preservation would be indicated over traditional child welfare services or out-of-home placement (Schuerman et al.). The authors in this study found that a family's likelihood to experience placement varies with the decision-

maker on the case, who may be judging based on certain case characteristics rather than risk of placement. Practice experience and practice wisdom are expected to play a role in decision making, but according to Schuerman et al., the main issue is that the decisions to provide family preservation services to families are not made based on risk of placement, when the explicit goal of family preservation services is to reduce the risk of placement. Their suggestion is that perhaps the objectives of family preservation services should be reconsidered.

Faver et al. (1999) have suggested that when services were provided to maltreating or at risk families at the point of risk of placement, they were often inappropriate to family needs, which are different for different types of maltreatment and with different presenting problems. They suggest that programs are usually only prepared to treat single problems, when an ecological model of child maltreatment suggests multiple “causes” for child maltreatment and a need for complex, poverty-related intervention. In addition, families’ use of services that are available depend on this appropriateness, but also in their help-seeking behavior, as certain types of parents seek help in different ways for different reasons (Faver et al.). To provide a more comprehensive and accessible intervention, income and parenting services should be combined to reduce the stigma that accompanies receipt of family preservation programming.

The setting for family preservation services is most often in the clients’ homes. This is particularly true of intensive family preservation services, but also common in less intensive programs. In some cases, services that are deemed to be “home-based” are actually being provided in agency settings (Cash & Berry, 2003). Also, some have argued that home-based services are not necessarily the only successful way to administer family preservation programs, and that certain types of clients (like those considered “high risk”) might benefit greater from agency-based services (Chaffin et al., 2001).

Selection and targeting are complex processes with many considerations. DePanfilis and Scannapieco (1994) have reported that the decision-making models in use for assessing the safety of children (i.e. risk of maltreatment) experience an overlap in some criteria, but “there are also wide differences in definitions, purposes, and the level of research support for the criteria being used to guide decision-making” (p. 229). An important, but missing, link when talking about family preservation services is the relationship (if any) between risk of placement and risk of maltreatment. If family preservation programs are targeting based on risk of placement, there should be an understanding of how that relates to risk of maltreatment that is not guiding the decisions of who receives services and who experiences out-of-home placement (DePanfilis & Scannapieco).

Thieman and Dail (1992) examined the validity of using the Family Risk scales (often used in family preservation programming) to predict which families were most appropriate (i.e. most likely to succeed) in an intensive family preservation program. Thieman and Dail found that the scales did not predict which children would experience placement at the end of services (nor did they predict out-of-home placement at the beginning of services). The assumption is that higher “risk” (as measured by the Family Risk scales) would be strongly associated with higher rates of out-of-home placement, but this was not the case. The authors suggested that these risk scales (and maybe others) are not appropriate for determining risk of the primary outcome of family preservation programs: placement, but other factors (such as geographic areas, use of public assistance, family characteristics, and social support) that are associated with higher rates of placement should be considered instead.

Family preservation workers experience (or create) challenges to making the decisions around placement, risk of maltreatment, and provision of family preservation services (Denby et

al., 1998; Denby, Alford, & Curtis, 2003). Results of examinations of targeting practices of family preservation services to special populations (e.g. children of color, children with special needs, or medically fragile children) suggest that workers are biased against the use of special population targeting for family preservation services, meaning that many children who should be targeted for these services because of their risk of maltreatment and placement are not being provided those services (Denby et al., 1998; Denby et al., 2003). Workers' own attributes, attitudes, and belief structure come into play when making service decisions around targeting for family preservation services. The ideal conditions for targeting special populations are those heavily influenced by workers' belief structures, the presence of a treatment model they believe is conducive to the needs of the special populations, and an organizational culture that matches the workers' belief structure around targeting (Denby et al., 2003). While one study has identified workers' assessment of success to be predictive of families' actual success in avoiding placement (Bitonti, 2002), it is possible that the workers responsible for assessing the likelihood of success in families were also responsible for making decisions regarding their outcomes, fulfilling their own assessment and predictions. The connection between workers' assessment of success and actual placement rates does not necessarily preclude the argument that their assessments may not be accurate in the first place.

Maluccio and Whittaker (1997) have suggested the reconsideration of the "continued utility of child placement, *per se* [italics in original], as a defining concept for risk assessment and service planning" (p. 11). They refer to this as a major source of conflict between the child protection and family advocate sides of the child welfare arena, and recommend a service continuum that is less fixated on preventing child placement and more concerned with combining efforts of improving family functioning with efforts of maintaining child safety

(which may include out-of-home care, but with a less divisive perspective), including kinship care.

Challenges to implementing services. There are many sources of challenges to implementing services effectively to families in need. Drake et al. (1995) conducted a study that identified and described limitations from the perspective of both consumers and providers of family preservation services, many of which they agreed upon as challenges. Drake et al. identified legal and bureaucratic issues, lack of resources, consumer-provider relationship challenges, and community-agency collaboration barriers as ways agencies may experience difficulty in providing effective family preservation services. In order to be effective, family preservation programs should reduce labeling of service recipients and the resultant stigma, enhance the flexibility of services provided, recognize and use foster parents effectively, use Medicaid and welfare to help families effectively gain employment, prevent family crises and breakdown, enhance consumer's access to services, use schools and the community in service provision, and encourage interaction among providers and the community (Drake et al.).

The lack of congruence of workers' beliefs and practice orientations with the family preservation programs within which they work has been identified as a significant challenge for the successful implementation of services (Cole, Hammond, & Tucker, 1989). Furthermore, workers themselves have identified that family preservation programming lacks the kind of support they need to do their jobs, particularly around information and collaboration with other agencies and within the agencies in which they operate, being able to effectively protect the child, limits on the time they could spend with the family, limits on the numbers of families they could serve, and a lack of theoretical grounding and guidance for actual services (Hilbert et al., 2000; Maccio et al., 2003). Hilbert et al. suggested that this reflects the idea that family

preservation represents more of a philosophy or perspective than an actual practice approach, and that theoretical grounding is what is needed to bring family preservation into the more applied realm.

Retention of parents (particularly in parent training programs) is another barrier when considering voluntary services with minority populations. Coatsworth, Duncan, Pantin, and Szapocznik (2006) found that child-level variables, sociodemographic variables, and family-level variables were least-to-most important in discriminating among types of attendance/retention in each of the African American and Hispanic groups. Family preservation interventions must be culturally sound and support the attendance of those to whom they are geared based on what is important to each ethnic/cultural group. Each component of the intervention must attend to specific cultural and family-level components in order to retain African American and Hispanic participants individually (Coatsworth et al.).

Challenges to evaluation of family preservation programs. Many concerns can be identified while considering the literature around family preservation evaluation. The most striking is the lack of recent evaluation. The majority of studies that are available were conducted in the late 1990s, around the time of the attention to family preservation in federal policy. Since then, studies have been published here and there, but there is very little current work. The reason for this is not entirely clear, but could be related to the ebb and flow of enthusiasm and funding for family preservation. It could be argued that family preservation is not receiving the same kind of attention it did in legislation and funding that it was receiving in the time periods where the literature is abundant (early 1980s, early 1990s, and particularly around 1997). These prolific periods may be tied to major preservation-related legislation and activity (as evidenced by the

policy review in this paper) and there has been no major legislation around family preservation as of late.

Additionally, the results of family preservation evaluations that have been conducted should be approached with caution by other researchers and practitioners alike. As Bath and Haapala (1994; 1995) have reported, the majority of these studies (even those that are considered to have the best designs) are quantitative designs with significant internal validity concerns. There seem to be two sources of internal validity concerns: the research design or the service delivery in the family preservation program being evaluated.

Research design issues that have been identified as limiting the usefulness of results of family preservation evaluations include: (a) the lack of a control or comparison group, (b) small sample sizes, (c) client heterogeneity, (d) low statistical power, (e) instability of the chosen outcome variable, and (f) measures without tested reliability or validity. In addition to these issues, the lack of generalizability is a concern for the usefulness of evaluation findings. Those service delivery issues that have been identified as limiting the usefulness of the results of family preservation evaluations include: (a) the “black box” of services (multiple services provided at the same time), (b) individualized services (different services given to different clients), (c) treatment consistency (within and across agencies being evaluated), (d) the “leaking” of treatment services being provided to comparison or control group participants, and perhaps most importantly, (e) poor targeting of services.

It is important to note, in the face of these challenges and limitations, that there are many benefits and lessons to be learned from less-than-generalizable quantitative evaluation of family preservation programs. It could be argued that each evaluation’s usefulness to the program on which it focused is great: identifying practice approaches that are effective and those that are not

will guide agencies and organizations to provide the best services to families. If the potentially optimal service delivery arrangement is individualized services to different family types in different contexts, generalizable research on their effectiveness would not be as valuable to the field as more positivistic-oriented critics might suggest.

Research design issues affecting evaluation. Family preservation evaluations rarely involve a control or comparison group in determining the effectiveness of services. Epstein (1997) has argued that it may be impossible to conduct true experimental designs well in family preservation evaluation given the limits of social science and the lack of a pure laboratory-like setting in which family, child, and service characteristics can be adequately controlled. More feasible are pre-experimental and non-experimental studies that do little to establish the effectiveness of family preservation as compared to traditional child welfare services or no services at all.

Sample sizes are also usually very small in family preservation evaluations (Bath & Haapala, 1994; 1995), given the relatively small scope of the services. Unless taking a census of family preservation clients, the pool of potential participants will be limited to some portion of those who were deemed eligible for services, provided services, and agreed to participate in human subjects research. If the evaluation is limited to one program or one agency (as might be necessary given treatment consistency, which will be discussed further), this creates a very small sample frame from which to begin selection. On a related note, the sample frame is generally made up of a heterogeneous group, representing diverse characteristics that may lead to significant variation among them (Bath & Haapala, 1994; 1995). In this way, if the program is effective differentially with one type of family versus another, the results would be lost in the variation.

The statistical power of family preservation evaluations is typically limited (Bath & Haapala, 1994; 1995), usually by the small sample size and heterogeneity of the sample. Researchers are often interested in various types of predictor variables, but must work within the limits of a small sample size, either sacrificing statistical power, or limiting the conceptual usefulness of their evaluations. As such, if an effect did exist, it would be difficult for the researchers to even detect it, weakening the results.

The stability of the outcome selected (usually out-of-home placement) for evaluation reflects yet another complicating factor, the argument that family preservation as a goal of the child welfare system is conflicting with the child welfare system's goal of child protection. This becomes a particular barrier in the evaluation of family preservation programs when the avoidance of out-of-home placement is considered "successful" with less attention to actual occurrence/recurrence of maltreatment as an outcome (Bath & Haapala, 1994; 1995). The choice of outcome on which to focus reflects the orientation of the program, system, and evaluator of the program, and has implications for the meaning, applicability, and even usefulness of the results. Bath and Haapala (1994; 1995) have argued that the use of out-of-home placement as an outcome does not take into account those cases where out-of-home placement might be the most desirable outcome (for the safety of the child) and is subject to the agency's definition of "out-of-home placement" which in some cases might include relative placements, increasing the pool of potential clients. Of course, authors like Epstein (1997) have reported that the measures that are used for child maltreatment outcomes are often not valid or reliable for the context or client population.

The selection of variables representing factors and outcomes must take into account issues that arise as part of administering services to a population. For example, if measuring

reports of occurrence/recurrence of maltreatment, the clients may be subject to surveillance effects (meaning they might be more likely than those not participating in a program to be reported for maltreatment given their greater contact with the child welfare system) (Bath & Haapala, 1994). In addition, one should be careful in the selection of the variable that determines whether or not a program is effective. In some cases, “proxy” measures are used (family well being, child well being, improvement in certain skills) to determine effectiveness of programs whose goals are to prevent out-of-home placement. If that is the goal being evaluated, there must be an established theoretical/conceptual link made between those proxy measures and the actual placement of children in out-of-home care. It is a legitimate evaluation of a program to focus on those more direct measures, but must be placed in the context of the goals of the program.

Service delivery issues affecting evaluation. The variation in the way that family preservation programs are administered leads to the problem of the “black box” of service provision. There is no way to ensure fidelity or consistency across programs or even from client-to-client, as the services are individualized and referral agencies may provide different services to each client (Staff & Fein, 1994). What this means is that even when effectiveness is demonstrated for a family preservation program, there is no way to identify which individual or combination of service components created the positive change that was demonstrated.

Contributing to this dilemma is the lack of process evaluation in the field of Family Preservation program evaluation. Outcome evaluations make up the majority of the literature (which again, is concentrated around the late 1990s and is not current), but without empirical evidence for the types of services being provided and the actual practice engaged, it is difficult to compare programs to one another or even point to specific components of programs that may be effective. Therefore, process evaluations using instruments that measure the service provided

(studying what was actually *done* with a client population) may be a way to investigate family preservation programs while attending to this issue of a “black box” of services (Craig Van Grack, 1996).

The constellation of services provided is only one component of what Bath and Haapala (1994; 1995) and Littell (1995) have referred to as the “service context” that has an impact on the provision and evaluation of family preservation services. Other examples of limiting factors include funding available at the local and state levels for the services, the availability (or lack thereof) of community-based resources to supplement family preservation services, agency composition and culture, and geographical characteristics (rural or urban services). These “service context” characteristics seem to be ignored when conducting family preservation evaluation, and must be considered when linking services to outcomes for client families.

One potential sticking point on evaluation of family preservation programs is the idea of fidelity to the model, when one is present. On one hand, in order to be able to determine whether a program is generally effective with its entire target client population, that program must be administered consistently across the entire target population. On the other hand, the problem of child maltreatment (and risk for out-of-home placement) is a complex one, where target families may each experience a relatively unique combination of problems that only represent a selection from the vast array of potential issues that contribute to risk of maltreatment. If the program is focused to best serve the needs of each family, it is illogical for them to provide the same services in the same way to every family in their target population.

For those studies involving comparison or control groups, a “contamination” of the condition may occur as a result of the workers’ knowledge of family preservation techniques. Perhaps even unintentionally, those who are not supposed to be receiving any treatment services

may be receiving the same referrals and direct services that family preservation participants are receiving as an artifact of the workers' knowledge of those referrals and services (Bath & Haapala, 1994; 1995). What this means is that the comparison or control groups might not be as "pure" as is necessary to detect differences, particularly when there are little to no differences in the service provision.

The targeting of services is, perhaps, the most challenging component of family preservation services and their evaluation. Determining for whom services are most appropriate and which clients will benefit most from the services provided is not an easy task, particularly when the services are not built on a theoretically-informed model. Generally, family preservation services are reserved for the families at the highest risk of out-of-home placement, however, they are not really serving the families intended to receive the services, and they are often being used for reasons other than avoiding out-of-home placement, limiting and complicating evaluations of these services (Littell, 1995).

Conclusion. The approach to family preservation program evaluation that is evident in the research cited in this literature review needs to be reconceptualized to an approach that is of a smaller scale and focused more on individual programs in order to allow greater control over the variables of interest (Bath & Haapala, 1994). With this different approach, evaluators must pay specific attention to subpopulations of clients who may be affected differentially by services and particular conditions of cases and services that may affect cases differently (Bagdasaryan, 2005; Littell, 1995). An improved approach would focus on outcomes other than placement prevention (which is not a stable outcome to be studied) and be designed to ensure greater internal validity by involving a larger sample size, for example (Bath & Haapala, 1994; 1995).

Family preservation program evaluation should also include process evaluation in addition to attention to outcomes. Particularly, attention to the specific services that are being offered, how they may differ among clients being served, and how those services are actually delivered is needed when conducting program evaluations in family preservation. This would address the concern about the “black box” of services, providing more reliable and informative information about the program. The value and benefits of qualitative research might serve family preservation work well in this respect, and also avoid the concerns that have been raised regarding the internal and external validity of quantitative work in this arena.

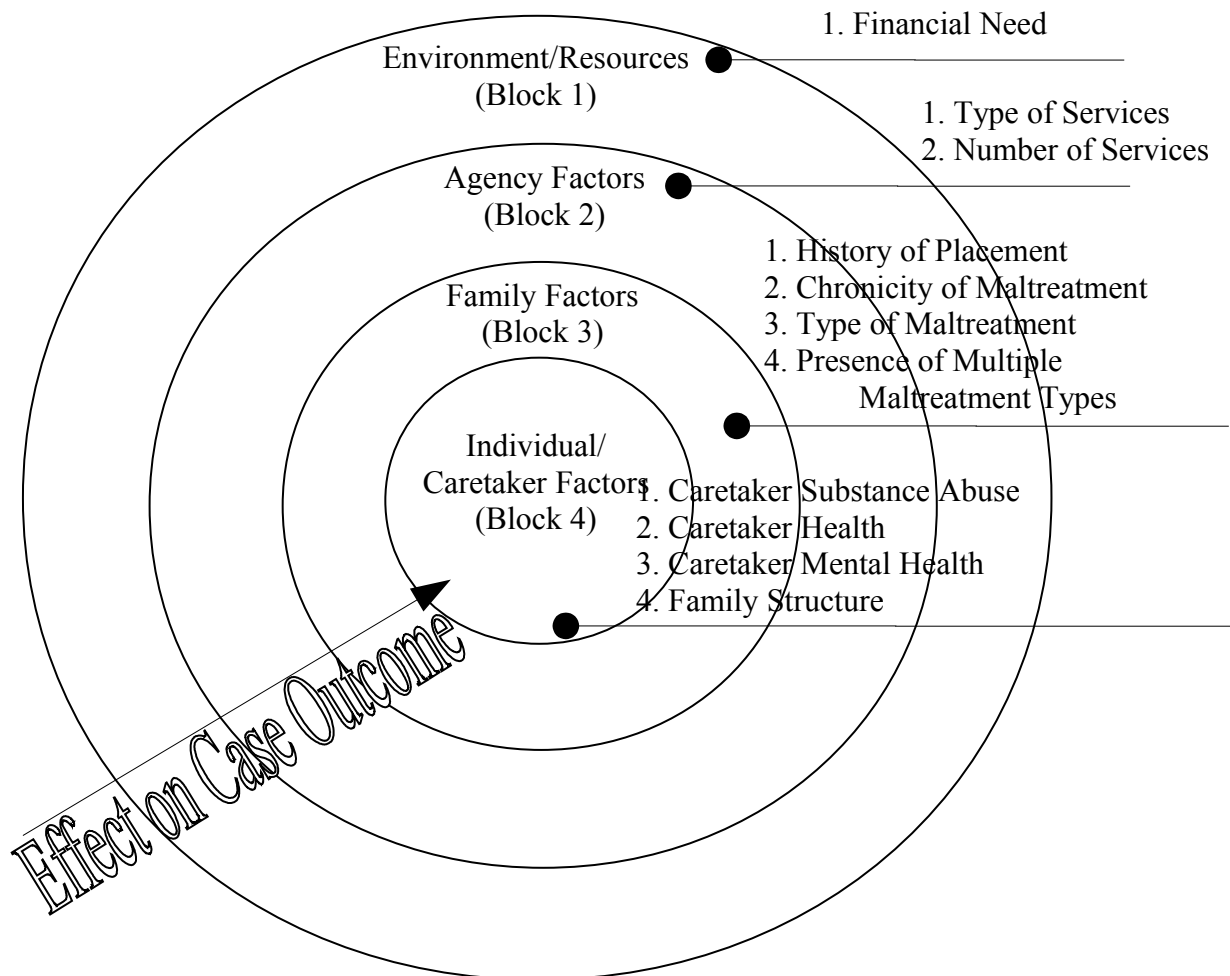
Summary and Current Project

The literature and research suggest that outcomes for families experiencing family preservation services are influenced by a wide range of variables external and internal to the family. What is less evident is the way that each of these individual variables may interact with one another to have an effect on families’ outcomes. Most, if not all, of the important predictors of placement and maltreatment operate simultaneously on and within the family as they receive services and during any important follow-up period. One can expect that each variable may be related to one or more of the other factors, changing the way the outcome is influenced.

An ecological systems perspective (e.g. Bronfenbrenner, 1979) suggests that these variables may be related to one another based on their “location” or “position” in the ecological system of the family. For example, caretaker-related factors (such as caretaker substance abuse) may directly influence outcomes, but they operate within contextual factors (such as income or housing) that may themselves have a direct influence on the outcomes of interest. This theoretical perspective suggests that more “distal” or environmental factors influence family outcomes *through* those variables that are located more “proximally” to the family. This means

that proximal factors' (such as caretaker substance abuse) influences may be partially or completely explained by the influence of those more distal variables (e.g. financial need). This perspective is the foundation of the conceptual model for the current project (see Figure 2).

Figure 2. The ecological systems-informed model of risk factors (in four blocks of variables) for out-of-home placement during CPS Ongoing services and maltreatment after case closure.



Families in Richmond, VA who have received CPS Ongoing services from RDSS are the focus of this project. These families, for whom the agency has determined a high risk of child maltreatment, may have experienced one of three major outcomes: (a) case closure with no subsequent maltreatment within two years (“successful”), (b) case closure or transfer due to placement of one or all of the children into out-of-home care (“placement”), or (c) case closure with subsequent maltreatment within two years (“unsuccessful”). This project set out to determine which contextual, agency, family, and caretaker variables best distinguish among these outcomes, in order to inform agency exploration of unmet service needs among their families-at-risk population.

The statistical model for this project included one dependent variable – case outcome for families experiencing family preservation services. This dependent variable was categorical and was made up of three mutually exclusive groups: (a) successful case closure, (b) foster care placement before case closure, and (c) maltreatment after case closure. The model included 10 independent variables: (a) poverty, (b) number of services rendered, (c) ratio of concrete services provided, (d) chronicity of maltreatment (in the past), (e) history of placement, (f) abuse risk score, (g) neglect risk score, (h) caretaker substance abuse, (i) caretaker mental health, and (k) family structure. The analysis involved a hierarchical discriminant function analysis (HDFA) to establish which of these factors is most important in determining whether a family (a) experiences successful case closure, (b) experiences placement during CPS Ongoing services or (c) experiences maltreatment after services have been completed. The project also included one multivariate analysis of variance and one univariate analysis of variance to test for moderation of the effects of particular independent variables on the dependent variables as a function of the

moderator variables of poverty and type of maltreatment (abuse, neglect, or both) the family is experiencing. Details of the methodology of this project follow.

Chapter Three

Methodology

This aim of this project was to identify those characteristics that best distinguish among the outcomes of (a) successful case closure, (b) out-of-home placement during services, and (c) subsequent maltreatment after case closure experienced by (any child in) families who have received Child Protective Services (CPS) Ongoing services from Richmond City Department of Social Services (RDSS). The research questions for this analysis are:

1. What factors best “predict” the outcomes of success, placement, and maltreatment for families experiencing CPS Ongoing services?
2. What amount of statistical variance is accounted for by variables that are in closer “proximity” to the family when controlling for contextual, environmental variables?
3. What moderating effect, if any, do the variables of poverty and type of maltreatment (abuse, neglect, or both) have on other factors that influence outcomes?

This project used HDFA, MANOVA, and ANOVA tests to answer these questions, in order to inform RDSS on the outcomes of their CPS Ongoing family preservation services, and to assist the agency in identifying areas for improvement in those services.

The unit of analysis for this statistical procedure was the family. In the field, outcomes of out-of-home placement and maltreatment after case closure are measured at the child level (it is the child who experiences an out-of-home placement or instance of maltreatment). For this project, the outcomes of placement and maltreatment were collected at the case level (e.g. if the

case type changed to one that included foster care services or if the case is recorded as having a report associated with it after case closure) so that if *any* child in the family experienced out-of-home placement during services or maltreatment after the case has closed, the family was recorded as having experienced those outcomes. This allowed the researcher to analyze the data with the family as the unit of analysis for outcomes that are essential measured at the child level.

The model used to drive this analysis was an ecological systems-informed model, based on the suggestion that children and families do not experience services and outcomes independently of the effects of their environment, but instead are part of a nested set of systems that are all interrelated in their effects on each other and the family (see Figure 2 and Table 2). According to this model, a family's environment and the availability of resources to the family may have as important (or more) a role in the family's outcomes as their own behaviors and characteristics. Using this model, the researcher was able to control for these external, contextual factors with each step, as the influences become more and more localized to the individual family, to isolate the role family and caretaker factors have in placement and maltreatment outcomes above and beyond the effects of environmental and contextual factors.

The independent variables to be included in the analysis were: (a) poverty, (b) number of services provided, (c) ratio of concrete services provided, (d) history of placement, (e) abuse risk score, (f) neglect risk score, (g) chronicity of maltreatment, (h) caretaker substance abuse, (i) caretaker mental health, and (j) family structure. Recoded versions of the independent variables of poverty, abuse risk score, and neglect score were tested for potential moderating effects on select independent variables with MANOVA and ANOVA tests.

Table 2: Model of Independent Variables and Sequence for Inclusion in Statistical Analyses

Variable	Block (<i>increasing sequential order into analysis</i>)	Placement Analysis	Subsequent Maltreatment Analysis
Financial Need	Environment/ Resources	X	X
Type of Services	Agency	X	
Number of Services	Agency	X	
History of Placement	Family	X	
Chronicity of Maltreatment	Family	X	X
Type of Maltreatment	Family	X	X
Presence of Multiple Types of Maltreatment	Family	X	
Caretaker Substance Abuse	Individual/ Caretaker	X	
Caretaker Health	Individual/ Caretaker	X	
Caretaker Mental Health	Individual/ Caretaker	X	
Family Structure	Individual/ Caretaker	X	X

Hypotheses

Model specification. The variables included in this analysis were grouped together based on their “location” in the ecological systems of those families experiencing CPS Ongoing services. These groups were: (a) Environmental/resource factors, (b) Agency factors, (c) Family factors, and (d) Caretaker variables. These groups of variables were entered into the HDFA model in the stated order of increasing proximity to the family.

Model hypotheses. Environmental/resource factors were entered into the analysis model first, because the expectation was that this layer of variables in and of itself will not account for a large amount of variance in the outcomes of placement and maltreatment. The purpose of entering this level of factors first was to isolate this set of variables in order to understand the variance accounted for by the variables that operate in the family’s context.

The block of variables labeled “agency factors” included those variables that are dependent on and related to the child welfare agency providing services. Concrete services rendered and number of services provided are directly determined by the worker for each case. It was expected that this set of variables in and of itself, entered as the second block into the HDFA, would account for a significant amount of the variance in the case outcomes above and beyond the previous set of variables.

The block of variables labeled “family factors” included those variables that are related to the family as a whole and their risk and experience of maltreatment and placement. Entered as the third block into the HDFA, it was expected that these variables would account for a large amount of the variance in the outcome variable above and beyond the previous two, particularly due to the inclusion of variables that are related to the family’s past experience with issues related to placement (which can, conceptually be seen as the best predictors of future experience with placement). Based on an ecological systems perspective, it was expected that family-level variables would account for less than the previous contextual variables, but given the inclusion of family history variables regarding placement and maltreatment in this block, was not the case. The argument is not that the family-level variables are the most important (because the overall suggestion of this project is that the combination of family and contextual variables is key), but that the history of experiences of the family play an important role.

The block of variables that is labeled “caretaker factors” included those variables that pertain to the individual caretaker(s) of the child and the caretaker behaviors and/or characteristics. The expectation was that this set of variables would account for very little variance in case outcomes above and beyond the variance that has been accounted for by the previous three blocks of variables. This was to support the argument that child maltreatment and

placement are problems of an interaction of contextual factors with family and individual characteristics and cannot be explained by one single individual factor (e.g. substance abuse of a caregiver).

Independent variable hypotheses.

Poverty. The relationship of poverty to the case outcome of out-of-home placement during services and maltreatment after case closure has been established in the literature, but the results have been mixed and seemingly moderated by the “presenting problem,” for placement outcomes. This project attempted to uncover the role of “presenting problem” by investigating the possible moderating effect of the type of maltreatment a family is experiencing for the current complaint, which will be discussed later.

The expectation of this project was that in the HDFA, poverty would distinguish both placement and maltreatment outcomes from the third, successful, outcome, with little distinction between placement and maltreatment. Additionally, in the MANOVA moderation analyses, it was expected that poverty would moderate the relationships among the caretaker characteristics and case outcome. It was also expected that the effect of poverty on case outcome would be moderated by the type of maltreatment a family experiences. The analysis of these potential moderating relationships will also be discussed later.

Concrete services rendered. Prior research suggests that families who receive concrete assistance are less likely to experience placement. The expectation of this project was that the concentration of concrete services would distinguish families experiencing successful case closure from families experiencing placement during services for families receiving CPS Ongoing services. There is no established relationship between the provision of concrete services and the case outcome of maltreatment after case closure. Conceptually, it was expected that the

more agency services meet the basic needs of a family, the more it might strengthen the family, reducing the likelihood of maltreatment. It was also expected that the concrete services rendered would distinguish between maltreatment and successful outcomes for families experiencing family preservation.

Number of services rendered. The literature suggests that the more services a family received during the course of family preservation services, the less likely it is to experience placement. The expectation of this project was that the number of services a family receives would not distinguish families experiencing successful case closure greatly from families experiencing placement during services. One potential limitation of this hypothesis was that if a family were assigned a greater number of services, it could be indicative of greater needs of the family, and therefore more difficulty meeting those needs and decreasing the risk a family experiences. It was, therefore, also possible that the relationship between number of services and case outcome could be the opposite of the above-stated hypothesis – the number of services could distinguish cases experiencing successful case closure greatly from those experiencing placement during services. There is no evidence of a connection between the number of services provided and maltreatment after case closure. Conceptually, it was expected that number of services has the same effect on the case outcome of maltreatment after case closure that it does on placement: it could distinguish successful cases from those that experience maltreatment after case closure.

History of placement. The literature suggests that families with a history of out-of-home placement are more likely to experience another placement, and previous family separation is an important risk factor for placement. The expectation of this project was that a history of placement would greatly distinguish cases experiencing successful case closure from those

experiencing placement during services. The literature does not address any relationship between a family's history of placement and their likelihood to experience maltreatment after case closure. Conceptually, it was expected that families with a history of placement had also experienced maltreatment, and would therefore be more likely to experience it after case closure than those that did not have a history of placement. This also led the researcher to expect that a history of placement might distinguish maltreatment cases from successful cases.

Chronicity of maltreatment. The literature suggests that families who have a greater number of previous reports of maltreatment are more likely to experience placement during services and subsequent maltreatment in a post-intervention period for families in family preservation services. This project intended to discover whether the number of prior maltreatment reports would distinguish between the case outcomes of success, placement, or maltreatment for families experiencing CPS Ongoing services. The expectation of this project was that the number of maltreatment reports in the past would distinguish both cases experiencing placement during services and cases experiencing maltreatment after case closure greatly from cases experiencing successful case closure, but would differentiate little, if at all, between placement and maltreatment outcomes.

Abuse risk score and neglect risk score. There has not yet been established a relationship between the type of maltreatment a family experiences and case outcome. The original hypotheses of this project were meant to investigate the possibility that there are conceptual and practical differences in the way families experience abuse from the way families experience neglect. Such differences may or may not lead to differences in case outcomes for families, but the relationship needs further study. Regarding the case outcome of placement during services, given the criterion of safety as the major determinant of removal of a child from his or her

family, it could be argued (and was expected) that the risk score of neglect (related to the home presenting as an unsafe environment for the child) would distinguish cases that experience successful case closure greatly from those that experience out-of-home placement during services. The abuse score was also expected to distinguish cases that experience placement from those that are successful (but perhaps not to as great a degree as the neglect score, distinguishing placement cases from maltreatment cases as well).

Regarding the case outcome of maltreatment after case closure, given the assumed and supported relationship between poverty and neglect and the chronic nature of neglect, it can be argued (and was expected) that the risk score of neglect would also distinguish cases that experience maltreatment after case closure from cases that experience successful case closure (as a higher neglect risk score may indicate that the families' underlying challenges may be harder to remedy). The abuse risk score was also expected to distinguish cases that experience maltreatment from those cases that are successful (but perhaps not to as great a degree as the neglect score, distinguishing placement cases from maltreatment cases as well).

Caretaker substance abuse. Previous research has established that if a parent or caretaker has a substance abuse problem, the family is more likely to experience placement, although one study found a non-significant result that substance abuse problems were associated with avoiding placement. The expectation of this project was that substance abuse on the part of the caretaker would distinguish those cases that experience successful case closure from those that experience placement during services. Previous research has not yet established a relationship between caretaker substance abuse and the likelihood of a family to experience maltreatment after case closure. Conceptually, it was expected that substance abuse (a difficult problem to treat) might not be fully resolved over the course of a 12-18 month case duration. If the problem is not

resolved, risk of maltreatment may also not be resolved, and the family might be likely to experience maltreatment after case closure. Caretaker substance abuse was also expected to distinguish cases that experience maltreatment after case closure from those that experience successful case closure.

Caretaker mental health. The literature suggests that a family in which the caretaker has mental health problems is more likely to experience placement. The authors who have found this relationship have sometimes specified a history of psychiatric care, but no authors seem to specify what type of mental health problems (for example, schizophrenia may be a completely different problem than depression). The expectation of this project was that the presence of a mental health problem on the part of the caretaker would distinguish cases that experience successful case closure from those that experience placement during services. Prior research has not established a relationship between caretaker mental health and maltreatment after case closure. Conceptually, caretaker mental health might be as difficult to treat as caretaker substance abuse and was therefore expected to distinguish cases that experience maltreatment from those that experience successful case closure.

Family structure. The literature suggests that if a mother is in the home, the family is less likely to experience placement than if the mother is not in the home. According to prior research, the families in which a mother is not in the home, but a grandmother is present are less likely to experience placement than if the grandmother is not present. In addition, if the mother is in the home with no other adult, the family is more likely to experience placement than if there is another adult in the home. If the mother and father are in the home together, the family has the least likelihood of placement. Prior research has also suggested that a two-parent family structure

has been associated with a lesser likelihood of experiencing subsequent maltreatment than a single-parent family structure.

The expectation of this project was that family structure would distinguish those cases that experience successful case closure from both cases that experience placement during services and cases that experience maltreatment after case closure, but not distinguish greatly between placement and maltreatment cases.

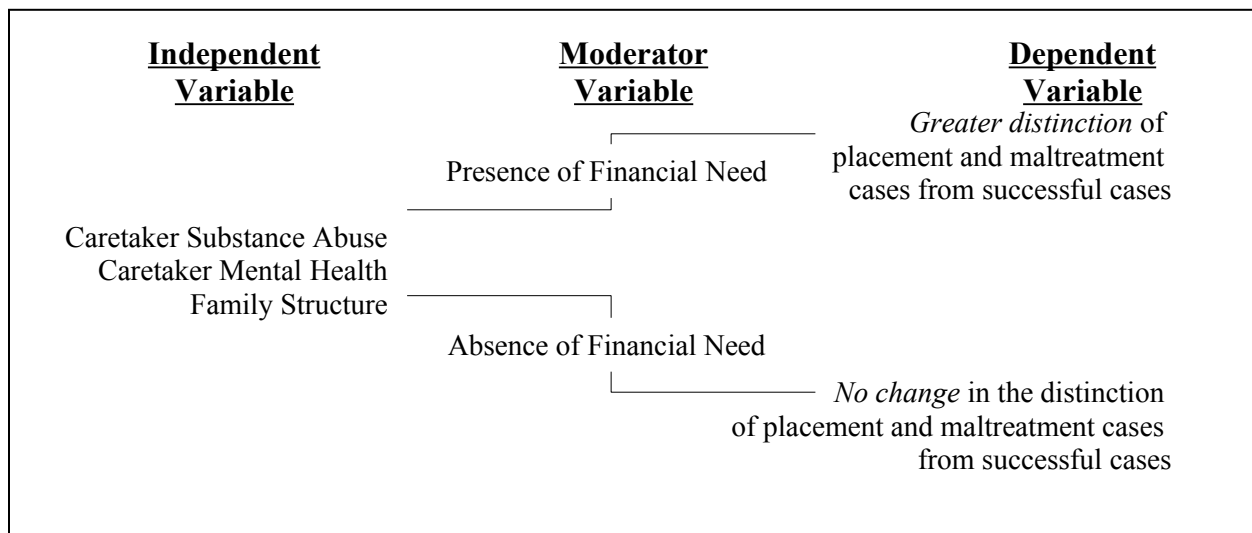
Moderating relationship of poverty. The variable of poverty, located in the environmental/resource block of variables (entered first into the analysis) was expected to have a notable relationship with the other blocks of variables to be included in the analysis, the most important of which are caretaker factors (see Figure 3). The relationship between poverty and caretaker factors is important to this research and to the field because it presents a less accusatory and more contextual understanding of how these variables may be related to outcomes for families in family preservation services.

The caretaker factors of caretaker substance abuse, caretaker mental health, and family structure were expected to be moderated by the variable of poverty. This was expected because these variables would not necessarily be expected to be directly linked to out-of-home placement in and of themselves, but instead could be a function of poverty, which would then be the more important variable to which attention should be given. Although this moderating relationship has not been established in the literature, it was expected that the degree to which each of these variables might be able to distinguish placement cases from successful cases was expected to be different if poverty were present than if it were not.

The effect of caretaker substance abuse and mental health (both expected to distinguish placement cases from successful cases, though only slightly when controlling for contextual

factors) was expected to more greatly distinguish between placement and successful cases when poverty is present. Family structure (the configuration of caregiver relationships in the home) was expected to distinguish placement cases and maltreatment cases from successful cases, but was expected to do so to an even greater degree when poverty is present (though the degree to which they distinguish among outcomes was not expected to change if poverty is not present).

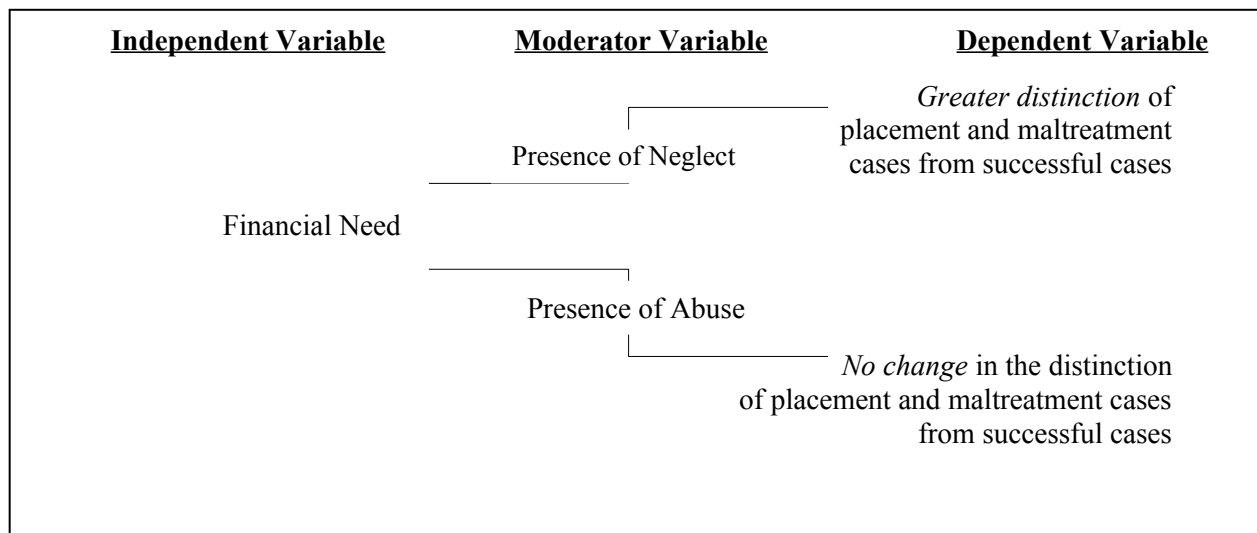
Figure 3. Moderation of the effect of individual/caretaker factors on case outcome, by poverty.



Moderating relationship of type of maltreatment (abuse, neglect, or both). The type of effect the independent variables included in this analysis have on the case outcome may or may not have been expected to differ for families who were experiencing child abuse, child neglect, or both. Though not sufficiently addressed in the literature, the issues that families who experience neglect face can be conceptually explained in a very different way from those of families who experience abuse. The definitions of these types of maltreatment are very different: neglect can be defined as the family's inattention to the needs of its child(ren) and abuse can be defined as the family's action or inaction that leads to serious injury or risk of serious injury. The environmental, agency, family, and caretaker factors that might affect the placement outcome for families in CPS Ongoing services could be expected to be different (in some cases perhaps very

different) for families experiencing neglect than for those experiencing abuse. The type of maltreatment a family is experiencing was expected to moderate the relationship of some of the included variables with the outcome of placement, the most important of which included in this analysis is poverty (see Figure 4).

Figure 4. Moderation of the effect of poverty on case outcome, by type of maltreatment.



The type of maltreatment associated with the current complaint was expected to moderate the degree to which poverty distinguishes between cases that experience successful case closure from those that experience out-of-home placement during services. Given that poverty may be the underlying cause of maltreatment in neglect cases (more so than abuse cases), it may be expected that the effect of poverty (expected to distinguish between cases that experience success from cases that experience placement during services) may greater distinguish between these case outcomes when the type of maltreatment is neglect, than when the type of maltreatment is abuse. The underlying problems of neglect, theorized to be closely linked to the chronic problems of poverty, may be more difficult to “treat,” and address than those of abuse. Therefore the degree to which poverty distinguishes between cases that experience maltreatment

after case closure and cases that experience successful case closure (expected to be a large difference on its own) was expected to be greater for families experiencing neglect than for families experiencing abuse.

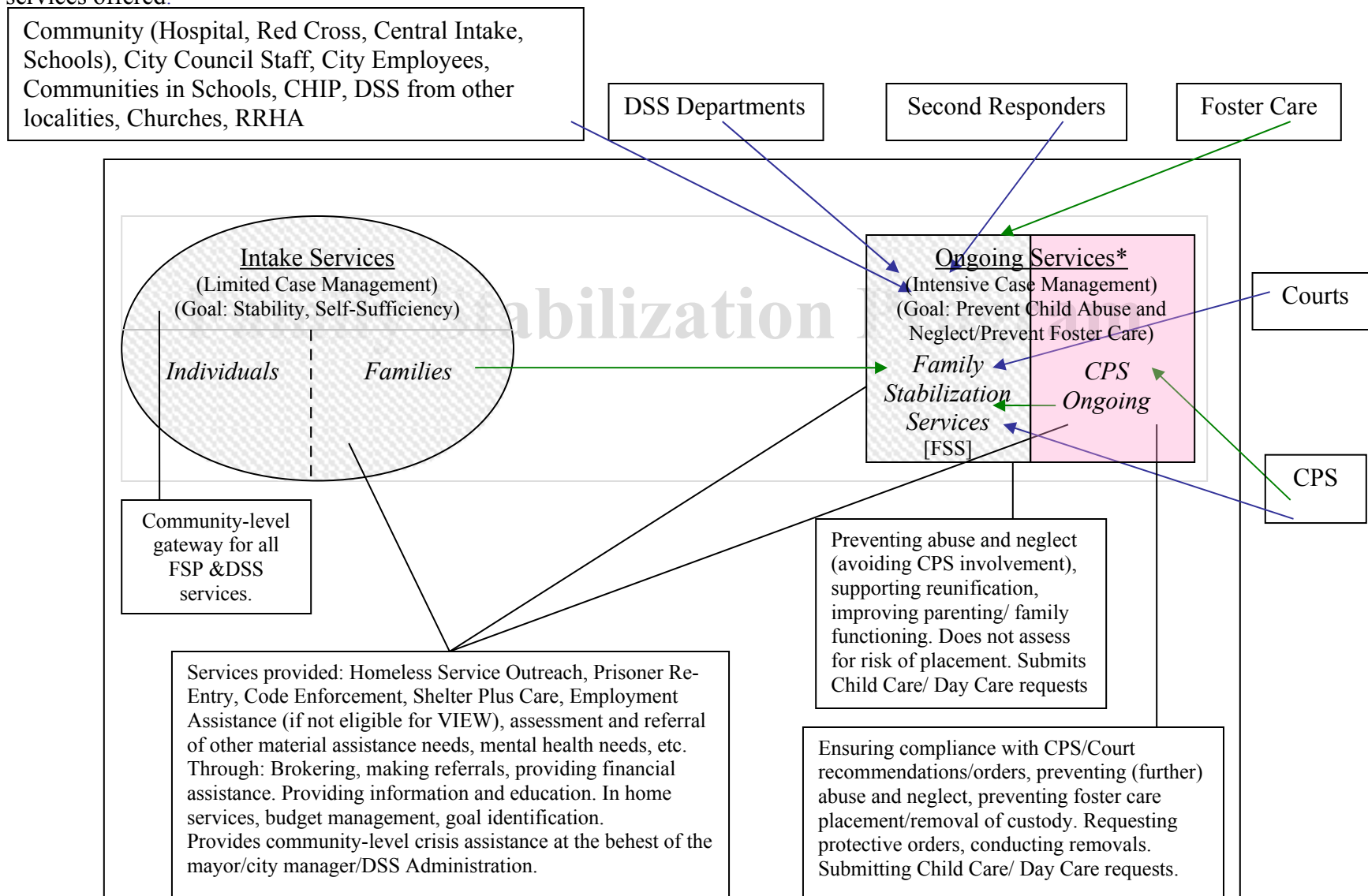
Agency Context

RDSS serves the city of Richmond in the Commonwealth of Virginia. In 2008, Richmond City had an approximate population of 190,000 people. The city faces specific socioeconomic stressors in the rates of poverty, public assistance usage, and other characteristics. The poverty rate in the city as of June 2008 was 19.9%, and the child poverty rate was 33% (Kisor & Hearn, 2008). The median income of Richmond City families was \$34,352, and 41.1% of Richmond residents were receiving Medicaid benefits (Kisor & Hearn). Approximately 25% of the population ages 25 and older did not have a high school diploma or GED, and 60% of births were to single mothers (Kisor & Hearn). According to Thomas, Leicht, Hughes, Madigan, and Dowell (2003), these characteristics are significant predictors of child maltreatment risk, putting the Richmond City population generally at risk for various child welfare issues.

The RDSS Child and Family services division offers CPS, Foster Care, Adoption and Post Adoption, and Family Stabilization Program services to this population. The Family Stabilization Program is made up of Intake (assessment and referral to services), secondary prevention for families experiencing risk factors for child maltreatment but not experiencing child welfare issues (also called Family Stabilization Services), and CPS Ongoing services (tertiary prevention working with families who have experienced a formal child maltreatment investigation or assessment who are at high risk of subsequent maltreatment). CPS Ongoing Services (in the overall Family Stabilization Program) are the RDSS corollary to family preservation services in the form of preservation-focused routine services. There is no

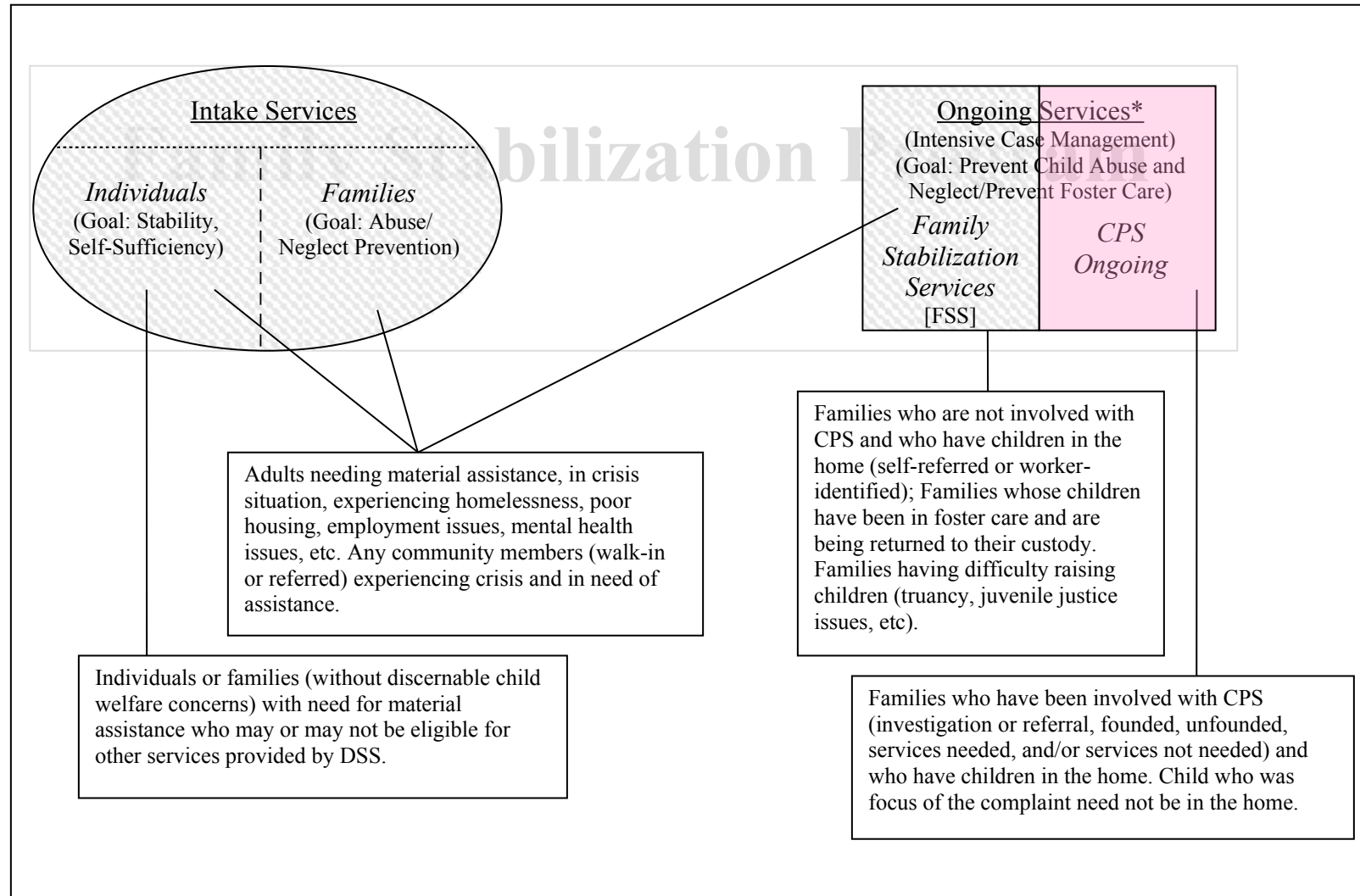
established model of services and no explicit link to theory, but CPS Ongoing services focus on placement prevention and prevention of subsequent maltreatment of children in families who have been assessed at some level of family risk of maltreatment. Specific services offered differ from family to family in a customizable practice approach. These services are described in Figures 5 and 6.

Figure 5. RDSS Family Stabilization Program services: How cases are referred to and transferred among the various programs and services offered.



*FSS and CPS Ongoing both provide the exact same services. Only referral sources and relationships with other units differ between them.

Figure 6. RDSS Family Stabilization Program services: The clients and client needs that are addressed by the various programs and services offered.



CPS Ongoing services are mandated by the Commonwealth of Virginia. The way in which they are provided is not dictated by the state or local government, however, and RDSS has chosen to offer these services under the larger umbrella of the Family Stabilization Program that also provides Family Stabilization Services. These additional services are not mandated by the Commonwealth and are entirely locally determined.

CPS Ongoing only receives cases from CPS. They do not receive cases from any other source. In these cases, CPS Ongoing services are provided when a family has experienced an investigation or assessment following a complaint or set of complaints against the primary caregiver. The target child(ren) may or may not have been removed from the home. If one or more children have been removed from the home, the case is referred to as a “Dual CPS Ongoing and Foster Care” case. In the majority of CPS Ongoing cases, one or more children still reside in the home, and this is considered the reason for services. For these cases, a risk assessment has been conducted as part of the CPS investigation or assessment and the children in the home have been deemed to have a very high, high, or moderate risk for subsequent maltreatment. The risk assessment tool used is the Structured Decision Making (SDM) Risk Assessment Tool. Also, in these cases, the court may or may not have ordered certain services for the family or primary caregiver in order to maintain/regain custody of children (which occasionally leads the agency to provide services to families whose assessments indicate that they are at “low” risk of subsequent maltreatment).

The problem of targeting is present within RDSS CPS Ongoing services, as with many other family preservation services. Workers may use their own judgment based on their assessment of the family’s functioning or other characteristics and determine that the family could benefit from CPS Ongoing services although the SDM risk assessment suggests the family

is at low risk for subsequent maltreatment. In addition, placement prevention is cited as often as the prevention of subsequent maltreatment as one of the major goals of CPS Ongoing services, yet placement risk is not assessed at any time by CPS Ongoing or any other RDSS staff. CPS Ongoing services have a dual role: supporting families and protecting children. Family Stabilization supervisors report that sometimes cases are “passed off” by CPS workers to CPS Ongoing that should not be. According to these supervisors, in some cases it would have served the child’s interests better were the child removed and the case transferred to Foster Care than be assigned to CPS Ongoing services because the family’s readiness or ability were limited at the time of the decision.

CPS Ongoing cases close “successfully” (according to Family Stabilization supervisors) when: (a) there is no (longer) court involvement, (b) the family’s subsequent maltreatment risk level is assessed to be “low” based on SDM Risk Re-assessments, (c) referred and provided services are completed and there are no more identified family needs, and (d) the family is stable and there is no perceived risk for child abuse or neglect in the home, based on worker and supervisor judgment. In what RDSS considers to be an “unsuccessful” case closure, CPS Ongoing (not Dual cases) are transferred *out of CPS Ongoing* to Foster Care when one or more child(ren) in the home are removed due to parent refusal to participate, and no other children remain in the home. An evaluation into the factors that predict out-of-home placement may influence the agency to adjust their definition of “successful” and “unsuccessful” case closure.

CPS Ongoing cases are typically open for 12-16 months, though some cases involve extended service duration up to 48 months. The services provide practical instrumental supports (the “basics,” concrete services such as assisting the client in obtaining adequate housing, food, and financial support) to get families stabilized. For some components of services, the worker

himself or herself provides assistance (e.g. teaching the family how to keep their home clean). For the majority of the components of services, client families are referred to other agencies' services.

Examples of services to which the family might be referred include: day care, substance abuse services, counseling, employment services, and, perhaps most often, parenting training. CPS Ongoing services most often make referrals to in-home services, particularly in-home counseling. The quality of these services is sometimes less than desirable, according to Family Stabilization supervisors, who express concerns about limited availability and variety of in-home services that might not meet the needs of their diverse client population. A key component of CPS Ongoing services is the assessment, creation, and building of formal and informal supports for families to help them to function on their own. Supervisors report that their practice is driven by the additional goal of self-sufficiency for families. Families are encouraged to "get creative" in the resources they can use to help them succeed and to rely on the community to survive. CPS Ongoing emphasizes self-sufficiency for families by encouraging their own access to and use of community resources.

CPS Ongoing workers' roles and responsibilities. One key characteristic that distinguishes preservation-focused routine services (those that are more broadly focused on family preservation through a collection of the services the agency already provides) from IFPS is the availability and concentration of contact provided by the caseworkers. The CPS Ongoing workers' roles and responsibilities reflect the non-intensive nature of their preservation services. The CPS Ongoing worker acts as a "lead case manager" for the client families. His or her job is to conduct assessment and referrals, to be a broker for various services, and to manage all involved parties, including the family itself. The parents and family members' input is sought

and accepted in the setting of goals and priority of needs assessed. In addition, CPS Ongoing workers are given the same authority as CPS workers, allowing them to conduct emergency removals of children and obtain protective orders for the children in the homes they are serving. If the family with whom they are working is resistant, CPS Ongoing workers can obtain a preliminary protective order to order them to cooperate.

CPS Ongoing workers do not have pagers, and there is no 'call.' Services are not available to the client family 24 hours a day. However, some workers choose to provide their clients with a number where they can be reached after hours, though this is not required or typical. The goal of services is for families to become self-sufficient and empowered, and being able to manage their own issues on off-hours is important to the structure of CPS Ongoing services. CPS Ongoing services are facing challenges due to the heavy caseloads each worker must manage. Workers find it difficult to give the same quality and amount of attention to each of their families, as families that are higher profile or are most needy (e.g. families with 17 children) receive the most attention, leaving other families with marginal support. This is particularly the case because CPS Ongoing services see the whole family as the client, whereas CPS might consider just the target child (of an investigation or assessment) as the focus of services. CPS Ongoing engages in assessment, referral, and delivery of services to each and every member of the family. The worker assesses each member of the family and the family as a whole to determine the most important needs, and makes appropriate referrals.

Sample

The families identified for the analysis of the outcomes of placement and subsequent maltreatment are those families who had a CPS Ongoing case that both opened and closed during the two year time period of January 1, 2006 and January 1, 2008. Families included in the

analysis were those whose cases were open for at least one month (30 days) and who only had one open case during the target time period.

The outcome variables of interest for this research project were measured at the family level in the management information system used by RDSS. This means that in the Online Automated Services Information System (OASIS, a management information system used at RDSS), case types (including “foster care”) are recorded for each family who has a case with RDSS. This project was focused on these outcomes as they relate to families’ (any of each family’s children) experiences of placement and subsequent maltreatment, which required the researcher to focus on the outcomes associated with the family as indicated by the family’s case number. The children associated with the family were identified and their client numbers were collected in order to have a “master” data list to collect information on the outcomes each family experienced, from the child level. Once the outcomes had been aggregated from the child level to the family level, the children’s client numbers were removed from the dataset, and there was again only one case per family included in the data.

For this analysis, the population of families meeting the inclusion criteria during the target time period was divided into three groups: (a) successful cases, (b) placement cases, and (c) unsuccessful cases. The first group (“successful cases”) will consist of those cases that closed without having experienced out-of-home placement of any children during the case period and that did not experience subsequent maltreatment in the two year (or greater) time period after case closure. These cases were labeled “successful” cases because these families achieved outcomes consistent with the objectives of the program (to prevent placement and subsequent maltreatment). The second group (“placement cases”) consisted of those cases that experienced placement of one or more children before the closure of the CPS Ongoing case. It is important to

note that these cases are not necessarily “unsuccessful,” as placement is not necessarily a negative outcome, given the needs of the child and family. The third group (“unsuccessful cases”) consisted of those cases that experienced closure without placement, but then experienced subsequent maltreatment in the one year (or greater) time period after case closure. The label “unsuccessful” is appropriate here because experiencing subsequent maltreatment is in no way a potentially positive outcome for a family or child.

Procedures

The data for this project were collected from the management information system used by RDSS called OASIS. Child welfare workers at RDSS enter the data pertaining to their cases into OASIS, where some fields are mandatory for reporting to federal guidelines and other fields are optional. Some additional data were collected from tools that workers are required to complete for the Structured Decision Making (SDM) system used to assess families for safety and risk during the investigation and family assessment processes. As part of the SDM process, it is mandatory for workers to enter the related data for the intake process, safety assessment, and risk assessment into OASIS. Therefore these data were readily available to the researcher for collection and analysis. The OASIS data are stored in a collection of tables, available to the researcher through a Microsoft Access database. This allowed the researcher to run queries to isolate variables for specific cases and types of data that were of importance to the research project.

A single database was created to include the identifying information of the families who meet the criteria for inclusion in the “placement,” “unsuccessful,” and “successful” groups. For all cases in the database, the researcher populated values for the independent variables of interest by searching the OASIS and SDM records for the case number of each family. Once the database

was complete with data for each independent variable of interest, the researcher no longer had any need for the case number of each family, and it was removed, creating the final dataset with which the researcher conducted the analyses. This research project was an eligible “exempt” IRB protocol and was approved as such, because the secondary data used for the analysis will be de-identified as described in this step of the procedure.

Justification for secondary data analysis. Secondary data analysis seems to be a widely debated and contested methodology for research in social work, though it is accompanied by both benefits and drawbacks (as is true for any other research methodology). The strengths of this research methodology include the potential for larger sample sizes, greater statistical power, and greater sample representativeness of the overall population (due to a reduction in selection bias) (Price, 2008). In addition, secondary data analysis may be more cost-efficient and may facilitate building research capacity in the agency conducting the research. These strengths suggest that secondary data analysis can be just as useful and valuable as primary data analysis where the data are collected for the specific purposes of the research question at hand. In some cases, in fact, secondary data analysis is *more* appropriate and *more* useful, in what it can offer the owners and users of the data and how it can answer specific types of research questions.

Secondary data analysis provides the researcher access to an entire population of people fitting some criteria (in this case all families experiencing CPS Ongoing services since RDSS began using OASIS, in 1999). Secondary data analysis also allows the researcher to sample from all cases in a population, avoiding the limitations that accompany self-selection, the inability to contact individuals who had been sampled, and other limitations of sampling prior to data collection. This provides the researcher with the opportunity to more easily gain a larger sample size (compared to sampling a population prior to collecting data) and avoids selection bias, both

of which strengthen the data analysis (Price, 2008). The sample that results from sampling from a secondary data source is therefore potentially more representative of the overall population of interest, given the reduction in selection bias, although missing data can sometimes affect this representativeness.

Secondary data analysis is appropriate for an agency setting where large amounts of client and case data are routinely collected and stored for the purposes of administrative recordkeeping. RDSS has begun to implement a process called “managing by data,” or using regular analyses of agency data to inform practice improvement. This process is part of a larger effort in the Commonwealth of Virginia to improve child welfare services. It relies solely on secondary data analysis and is supported by Casey Family Programs (Virginia Department of Social Services [VDSS], 2008). It is also important for an agency to be able to use the data it already collects to answer research questions about services and outcomes, as secondary data analysis is cost-efficient and more feasible than primary data collection projects. The use of RDSS data to answer the research questions for this project is also part of a larger effort to develop research capacity within the agency to be able to continue monitoring and evaluating its services to clients.

The limitations of secondary data analysis with administrative data are also important to note, including challenges to the internal validity of the study, incomplete or inaccurate collection of data by those who enter information into the system, and limited comprehensiveness of measurement of the constructs of interest. Not having been the one to collect the data, the researcher is limited by the original conceptualization of the variables he or she intends to include in the analysis, and the original reasons for which the data were collected. The researcher must be mindful of this when defining his or her variables, and ensure the internal

validity of the design by being knowledgeable and aware of how the variables were initially defined and entered into the system. Administrative data are particularly challenging in this way, as different workers and supervisors may also interpret the variables differently when entering data. The researcher must know the quality of training the workers have received and the content of that training, to fully understand the validity and quality of the data he or she will include in the analysis. Also beneficial is a close relationship with the data owner, giving the researcher the opportunity to clarify item definition and any other data questions. The researcher for this project has such access to the data owner, strengthening this design.

Another major limitation to secondary data analysis is the lack of availability of all variables that may be of interest to the proposed study (Price, 2008). It may be that the data source does not include some or many of the variables that are important to the constructs being studied, or that these variables are stored in such a way that it makes them very difficult to collect and arrange. One benefit that stems from this limitation in the case of this research project is that those variables that are missing can actually be communicated to the data owner and the agency management, to add them to the data collection for future research questions. Overall, in the face of the limitations of secondary data analysis, it is the most appropriate and beneficial design feasible for the needs to RDSS for this project.

Measures

The dependent variable for analysis was case outcome, a categorical variable with three mutually exclusive groups: (a) cases that experienced successful case closure, (b) cases that experienced out-of-home placement during receipt of CPS Ongoing services (“placement” cases), and (c) cases that experienced maltreatment after the CPS Ongoing case was closed (“maltreatment” cases). Cases in which children were removed from their home during services

and placed in out-of-home care were classified as “placement” cases. This information was collected from each family’s case type history records in OASIS. If the case type changed from CPS Ongoing services to a case type that included foster care services before the case was closed, the family was identified as a “placement” case.

RDSS uses a differential response process to determine the most appropriate response to a complaint of abuse or neglect. In some cases, an investigation is mandatory (e.g. sexual abuse, severe physical abuse), whereas in other cases, a more family-centered process of a family assessment is warranted. In many cases, if the conditions of the case do not make it eligible for one of the mandatory investigation categories, the intake worker will decide that a family assessment is the most appropriate response, resulting in a larger number of family assessments than investigations of complaints of child maltreatment. For investigations, CPS workers make a determination as to whether the complaint of maltreatment is founded or unfounded based on the evidence they have established. Family assessments do not result in the same level of “substantiation” of the case, instead assessing the family’s strengths and needs, and resulting in a risk score to determine the family’s risk of subsequent maltreatment.

The condition of being a “maltreatment case” in the outcome variable of case outcome could not, therefore, measure only substantiated maltreatment between the time of case closure and June 2009, as many of the families experiencing subsequent complaints will experience a family assessment, in which the complaint will not be formally substantiated. Those cases in which any associated child with the case experienced a complaint of abuse or neglect that was either substantiated (in the case of an investigation of the complaint) or associated with a risk level of moderate or higher (in the case of a family assessment), after case closure but before 1/1/2009 were classified as “maltreatment cases.” This information was collected from the

families' subsequent risk assessment data after case closure. Those families for whom there was no case type change to foster care services and for whom there was no subsequent risk assessment data after case closure were classified as "successful cases."

The independent variables included in the analyses for this project were identified through the review of the literature. Then, variables were excluded based on availability of data and feasibility of collection of information. For the HDFA, the independent variables to be included in the model were: (a) one Environmental/Resource factor (poverty), (b) two Agency factors (number of services rendered, ratio of concrete services rendered), (c) four Family factors (history of out-of-home placement, abuse risk score, neglect risk score, and chronicity of maltreatment), and (d) three Caretaker factors (caretaker substance abuse, caretaker mental health problems, and family structure). A description of the way these variables were grouped and were entered into the discriminant function analysis follows.

Environmental/resource factors. The Environmental/Resource factor that was included in the analysis was poverty. Poverty, for the purposes of this research project, was a comprehensive measure of financial need, including the conditions of: receipt of food stamp benefits, receipt of TANF benefits, VIEW program eligibility, and Medicaid eligibility. These variables were not collected from OASIS, but from another data storage system RDSS calls the "Data Warehouse." The researcher cross-referenced family caretaker social security numbers with those individuals recorded in the Data Warehouse for financial need variables. This variable served as an independent variable and a moderating variable in these analyses.

The financial variables that were collected were then transformed and combined into a "poverty index" where greater numbers indicated greater poverty. This was achieved by first conducting an exploratory factor analysis to determine if there are any financial variables that are

strongly related to any others, and retaining the factor scores as standardized, weighted poverty scores for each family. The process for the creation of the poverty index will be detailed further in chapter four.

The variables collected for this poverty index were important indicators of financial need, and were all of the sources to which the researcher has access that might suggest the level of poverty a family might be experiencing. Each variable indicates a different level of financial need. For example, some families who receive food stamp benefits may have an income level that is too high to be eligible for TANF benefits. Further, the raw score of income indicates the families “initial” poverty level: what the family might experience without receiving any benefits. Together, these variables provide a relatively comprehensive picture of the financial need each family may have been experiencing at the time of services.

Agency factors. The agency factors identified in the literature as being related to the outcomes of interest were: concrete services rendered and the number of services rendered. For each family’s case number, the services provided to that family are recorded in OASIS, and the type of service is recorded with a code. There are 23 categories of services and one “other” category. This project was concerned with the potential of concrete services to predict the outcome of placement, and therefore these 23 categories were grouped as “concrete” and “non-concrete” services. Then a ratio of concrete to non-concrete services was recorded, making this a continuous variable for which a greater presence of concrete services will be represented as a number closer to one. “Concrete” services were defined as those that attend to families’ basic, resource-related needs (for this analysis, these included: clothing, daycare/babysitting, emergency shelter, financial assistance, homemaker services, respite care, and transportation). “Non-concrete services” were those that attend to families’ higher-order needs (all other services

were included in this category, e.g. legal services and parent education). The number of services provided to the family was a continuous variable that was collected by a count of the services recorded in OASIS for the family during the period of the CPS Ongoing case. All types of services were included.

Family factors. The family factors identified for this research project were: history of placement, abuse risk score, neglect risk score, and the chronicity of maltreatment. The history of placement indicated whether or not the family has experienced the out-of-home placement of any associated child prior to the opening of the CPS Ongoing case. For the purposes of this project, a history of placement was determined for each family by the presence or absence of an opened foster care case prior to the opening of the family's CPS Ongoing case. If a foster care case was recorded in the family's case history, this variable was recorded as a "1." A limitation to the accuracy of this variable is that the researcher was not able to identify those families who have a history of placement with another agency or under a different case identification number, which sometimes occurs in administrative data. This means that some families who are coded in this project as not having a history of placement may actually have experienced out-of-home placement of an associated child, affecting the results.

The variables of abuse risk score and neglect risk score were collected from each family's risk assessment data. Both were continuous variables with a larger value indicating a greater risk of the associated type of maltreatment. For the moderation analysis ANOVA, these variables were combined into the categorical variable of "type of maltreatment." In that analysis, cases were classified as "primarily abuse," "primarily neglect," or "both" as determined by the greater risk score.

The chronicity of the maltreatment experienced by the family was defined for this project as the number of reports of child maltreatment a family experienced prior to CPS Ongoing services. This was a continuous variable, including all prior family assessments and investigations, regardless of substantiation. The researcher collected these data from the risk assessment tool for each family. This was a proxy measure of the chronicity of maltreatment (rather than only counting those assessments or investigations that were “substantiated”), but given the limitations of the data collected and the inability to determine “substantiation” of family assessments, this measure was the best available data for the chronicity of maltreatment of the families receiving CPS Ongoing services. One major limitation of this measure is that the families with many previous maltreatment reports may experience those reports as a result of being more “visible” to the child welfare system (e.g. due to poverty, geographical location, involvement with mandated reporters), and may not actually be experiencing chronic maltreatment.

Caretaker factors. The caretaker factors identified for the outcomes of interest were: caretaker substance abuse, caretaker mental health problems, and family structure. Caretaker substance abuse has been identified in the literature as being associated with the outcome of placement for families in family preservation services. For the purposes of this project, caretaker substance abuse was defined as: whether the caretaker was currently having, or had in the previous year, a problem with alcohol or drugs that impaired functioning. This variable was assessed as part of the SDM Risk Assessment Tool, and workers were instructed to record a substance abuse problem if any of the following conditions existed: substance abuse that affects employment, is associated with criminal involvement, affects marital or family relationships, affects the ability to provide adequate care for their child(ren), is associated with an arrest in the

past two years for DUI or refusing a breathalyzer, is self-reported by the caretaker, is associated with receiving substance abuse treatment (currently or in the past), is associated with multiple positive urine samples, resulting in health or medical problems, is associated with a child diagnosed with fetal alcohol syndrome, or is associated with a child who experienced a positive toxicology screen at birth). This was a categorical binary variable, where the presence of a substance abuse problem was coded as a “1” and the absence coded as a “0.”

Caretaker mental health problems are not reliably recorded in OASIS for each family, and it was difficult to get accurate, useful data for these variables. The accuracy of this collected information was questionable, as it is the result of workers’ own assessment. Workers’ ability to assess mental health problems of the clients with whom they work may be limited without the use of evidence-based measures of these problems. The variable of caretaker mental health was defined as follows: the assessment by the worker of any mental health problems the caretaker might be experiencing as recorded on the SDM Risk Assessment Tool. It was a binary, categorical variable where the presence of mental health problems was recorded as a “1” and the absence of mental health problems recorded as a “0.” This information was collected from the risk assessment data for each family.

Family structure has been identified in the literature as being associated with both placement and child maltreatment outcomes. The most important family structure condition that has been identified is the presence of the mother in the home, followed by the presence of the grandmother with the mother, mother and another adult, and then mother and father. This variable was defined as an ordinal variable, including conditions where: the mother is not in the home (single father, recorded as “1”); the mother is not in the home, but the grandmother is present (recorded as “2”); the mother is in the home with no other adult (single mother, recorded

as “3”); the mother is in the home with another adult (recorded as “4”); the mother and the father are both in the home (recorded as “5”). This information was determined by identifying the designated primary caregivers for each of the children on each case. For example, if only the father of the children was designated as the primary caregiver, the case was recorded as a “1” for single father, whereas if the mother and maternal aunt of the children were designated as the primary caregivers, the case was recorded as a “4” for mother and other adult.

Data Collection

Data collection was conducted in three stages: (a) Orientation to RDSS CPS Ongoing Services, (b) identification of cases to be included in the analysis, and (c) collection of data for each variable in the model. In order to conduct a research project with RDSS CPS Ongoing Services, the researcher needed a familiarity and understanding of how these services were provided to client families and how they fit into the array of services provided by RDSS Family Services. This involved interviews, shadowing, and observing of workers at the line staff, supervisory, and administrative levels. The researcher collected this information in the form of field notes, and these notes were used to inform the conceptualization and design of the research project.

The second stage of data collection consisted of identifying those CPS Ongoing cases that were opened and closed during the selected time period (January 1, 2006 to January 1, 2008 - approximately the time that CPS Ongoing services began to be provided in their current format). This provided a two-year time frame from which to collect open and closed cases, as well as a one-year (plus) time frame within which to collect data for subsequent maltreatment after case closure (the second dependent variable in this project). These data were obtained by searching this history of types of cases for all clients receiving child welfare-related services from RDSS.

These cases were then “cleaned,” and cases that were open for less than one month were excluded. This ensured that the cases were open long enough to have allowed for the actual provision of CPS Ongoing services. In addition, cases that experienced more than one open CPS Ongoing case during the two-year selected period were excluded. This selection criterion was intended to simplify data collection to be sure that the data collected are for the particular episode of services that has been identified and selected. The remaining cases (those that only had one open CPS Ongoing case in the target two-year time period and were open for one month or longer) served as the sample for this project.

The next step in case identification was to identify all children associated with each case, and to collect client id numbers for those children. This was necessary because the family structure variable was created by recording the primary caregivers of the children on the case, requiring the recording of all children and all caregiver adults on the case. The purpose of this project was to determine which factors are important to a *family's* experiencing out-of-home placement and subsequent maltreatment, and therefore the data were aggregated to the family level from the child level.

Once the children associated with each case were identified, the researcher collected the data necessary for the outcome and predictor variables of interest. The most important variables collected first were the outcome variable (three conditions/groups: (a) *successful case closure* (identifies those families whose CPS Ongoing cases were closed without having experienced placement, and the absence of substantiated maltreatment in the two or more years after case closure); (b) the experience of *out-of-home placement* (identifies those families who experienced out-of-home placement during CPS Ongoing services); and (c) the experience of *substantiated maltreatment* after case closure (identifies those families whose CPS Ongoing cases were closed

without having experienced placement, but who experienced subsequent maltreatment in the one or more years after case closure). These data were collected at the case level for each family.

Once the outcome variable had been populated in the dataset, the researcher collected the data to populate each of the independent variables for inclusion in the model. Data for each variable were located in the OASIS and Data Warehouse databases, and the researcher ran a query to collect the data for each independent variable.

Analysis Strategy

Poverty index.

Exploratory factor analysis. All financial information for the cases included in this analysis were transformed into a single “poverty index score” for each family. This poverty index score identified the level of financial difficulty the family was experiencing, in relation to the other families included in the study. The poverty index score was a compilation of the following information: food stamp receipt, TANF benefit receipt, VIEW eligibility, and Medicaid eligibility. In order to combine these variables in a meaningful way, a factor analysis was conducted to determine if any of these factors “load together,” to determine the need for (and appropriate scale of) weighting of any or all of the variables.

Food stamp receipt and TANF benefit receipt were measured at the interval/ratio level as whole dollar amounts of these benefits and financial resources. VIEW and Medicaid eligibility were dichotomous, categorical measures (“0” for “no” and “1” for “yes”). Factor analysis was conducted to determine what, if any, underlying structures may exist for measures on these four variables. A principal components analysis was conducted in order to retain as much information about each variable as possible. This was appropriate because the following step was to transform and combine each of the variables together into a poverty index, with the goal of

retaining as much of the value of each individual factor as possible. The principal components analysis was conducted with a varimax rotation to maximize the variance of the resulting structure coefficients. The researcher used the identified factor scores to as each family's poverty index score, as it reflected the weighting and standardization necessary to combine all of these variables into a meaningful index. The factor score for each family served as a variable for main effects in the HDFA and was grouped into categories to serve as a moderator variable in one of two subsequent analyses of variance for moderation effects.

Assumptions and limitations of using exploratory factor analysis. Exploratory factor analysis operates on the following assumptions: (a) proper model specification, (b) no outliers present in the data, (c) interval-level measurement of data, (d) linearity, (e) multivariate normality of the data, (f) homoscedasticity of the data, (g) orthogonality of the data, (h) the presence of dimensions underlying the data (theoretically), (i) moderate- to moderate-high intercorrelations among the variables, and (j) theoretical bases for factor interpretation and labels (Tabachnick & Fidell, 2001).

The model of financial-related variables to reflect poverty is as well-specified as is possible given the availability of data in this secondary analysis design. All financial variables important to the analysis and construct of poverty that are available were included. The presence of outliers, and the linearity, homoscedasticity, and intercorrelations among the variables may be a concern for the continuous variables of food stamp receipt and TANF receipt and were identified in the pre-screening portion of the statistical analyses. The data include two dichotomous variables (VIEW and Medicaid eligibility), but this is considered to be acceptable if the underlying metric correlations between the variables are thought to be moderate or lower (Tabachnick & Fidell, 2001).

SPSS procedure for exploratory factor analysis. The financial-related variables of food stamp receipt, TANF receipt, VIEW eligibility, and Medicaid eligibility were entered into the factor analysis as variables. KMO and Bartlett's test of sphericity were selected for the correlation matrix. The method of principal components extraction was selected, and eigenvalues over the value of "1" were selected as the rule to determine which factors will be identified. A varimax rotation method was selected with a rotated solution to maximize the relationships and identify non-correlated items. The extraction scores for each variable were assessed for the largest amount of variance accounted for by the factor analysis model solution for each item.

Each component's rotated sum of squares value was retained as the preferred weighting for the variables included in that component before the scores for each variable have been standardized to create the poverty index. Those variables that load high on each component were assigned the component sum of squares value as a weight and were therefore be transformed according to its factor loading.

Main Effects. The HDFA tested for main effects between each of the 10 independent variables included in the model and the dependent variable of case outcome to establish which of the independent variables effectively distinguish successful, placement, and maltreatment cases from one another. After the analysis of main effects, the first of two analyses of variance tested for moderating interaction effects between poverty and: (a) caretaker substance abuse, (e) caretaker mental health, and (c) family structure. The second analysis of variance tested for moderating interaction effects between type of maltreatment and poverty.

Assumptions and justification of using discriminant function analysis. A DFA is most appropriate for an analysis of the dependent variable of case outcome (success, placement, and subsequent maltreatment) because it is a categorical variable in a small sample (Tabachnick &

Fidell, 2001). In addition, RDSS desired to identify the most important factors that distinguish outcomes of families in CPS Ongoing services, in order to inform service provision. A DFA is most appropriate for determining the factors that differentiate successful case closures from those cases that experience placement during services or maltreatment after case closure. DFA operates on the following assumptions: (a) the dependent variable is made up of two or more mutually exclusive groups with a minimum of two subjects per group, (b) the sample size of the smallest group must exceed the number of continuous variables, (c) independent variables are measured at the interval-level (though ordinal and nominal variables may be used), (d) no independent variable can be a linear combination of any two independent variables, (e) continuous independent variables must be normally distributed for each group in the dependent variable, (f) variance and covariance matrices must be equivalent among the groups in the dependent variable, and (g) a theoretical and statistical model that is well-specified (accounting for a sufficiently large amount of variance in the dependent variables in a way that is not biased) (Tabachnick & Fidell). In addition, DFA is most effective in identifying factors that distinguish groups of cases from one another when those group sizes are approximately equal.

The researcher did not expect the variables included in this analysis to violate any of the assumptions of DFA. The anticipated sample size and group size were sufficiently large for a DFA and exceeded the number of independent variables included in the analysis. A preliminary analysis of the data allowed the researcher to determine that the data meet the assumptions regarding equivalence of variance/covariance among the groups in the dependent variable, but not the normality of the distribution of continuous independent variables.

SPSS procedure for discriminant function analysis. For the HDFA of main effects, the dependent variable of case outcome was investigated. The three mutually exclusive groups that

comprised case outcome were: (a) successful case closure, (b) foster care placement during services, and (c) maltreatment after case closure. The independent variables of poverty, concrete services rendered, number of services rendered, history of placement, abuse risk score, neglect risk score, chronicity of maltreatment, caretaker substance abuse, caretaker mental health, and family structure then were entered into the HDFA in an order determined by an ecological systems-informed model (environment/resource, agency, family, and individual/caretaker factors, respectively) to determine which sets of those variables are the most important to distinguishing the outcomes of families in family preservation services.

The first variable, poverty, represents the Environment/Resource factors that influence family outcomes in family preservation. This variable was entered alone into the HDFA with the dependent variable of case outcome to determine the amount of variance accounted for by this factor, as evidenced by the R-squared value it yielded. The second set of variables were the agency factors of concrete services rendered and number of services rendered, which were entered into a second step of the HDFA with the variable of poverty. Then, the variance accounted for by poverty alone was subtracted from the R-squared value yielded for these two sets of variables to establish the amount of variance accounted for by the agency factors. The third set of variables, family factors (consisting of history of placement, abuse risk score, neglect risk score, and chronicity of maltreatment) were entered into a third step of the HDFA with the previous two sets of variables. Then, the variance accounted for by poverty and agency factors together were subtracted from the R-squared value yielded for these three sets of variables to establish the amount of variance accounted for by the family factors. The last step was to enter all four blocks of variables (the previous three sets plus caretaker substance abuse, caretaker mental health, and family structure) into a fourth step of the HDFA, and subtract the variance

accounted for by the previous three blocks to determine the R-squared value for caretaker factors alone.

This last step also served as the HDFA step that determined the degree to which the independent variables distinguish among the case outcome groups. The number of discriminant functions present among the variables was determined and each given a name based on the variables that are most related to one another within the function. The null hypothesis for this analysis was that none of the independent variables would distinguish among any of the case outcome groups. Because discriminant functions became evident, the null hypothesis was not supported, and the independent variables can be said to have had some ability to discriminate among categories of the dependent variable

Moderation analyses. Moderation is more appropriate and feasible to test than mediation for this model. For mediation effects, the strength of the relationship between the independent variable and dependent variable is affected by some other intervening variable, essentially explaining why the effect of the independent variable occurs (Baron & Kenny, 1986). Moderation differs from mediation in that the relationship between the independent variable and dependent variable is affected differently for different levels of some independent variable, and/or the presence of the moderator changes the direction of the effect on the dependent variable (Baron & Kenny). It can be argued that testing moderation effects is more informative about the nature of the relationship among the independent, intervening, and dependent variables, when actual causality cannot be inferred. Mediation can uncover relationships that are otherwise unidentified, or can reveal a more accurate cause of the relationship between independent and dependent variables. However, the variables included in this analysis were too closely entwined with one another to tease out causality, making testing mediation more difficult

for this project. Moderation is less related to causality among the variables, and was therefore more appropriate and feasible for this analysis.

The independent variables of (a) poverty and (b) type of maltreatment were also tested as moderator variables to determine their effects (if any) on the degree to which selected independent variables distinguish between case outcomes. Given the dearth of information available about the role of poverty in issues around placement and subsequent maltreatment, the aim of this project included an analysis of the potentially moderating role of poverty in the “bigger picture” of placement and subsequent maltreatment. Poverty was entered as a moderating intervening variable into the analyses for case outcome, to determine the effect (if any) it had on these outcomes through the variables included in the model.

Another limitation of the literature is that prior research does not seem to separate those families who are experiencing neglect from those families who are experiencing abuse, even though these two problems seem to be conceptually very different from one another. Often, abuse and neglect are grouped together, ignoring the potential for there to be different mechanisms affecting outcomes for the families. This project included an analysis to determine whether the type of maltreatment a family is experiencing in the current complaint moderated the relationship between certain independent variables and their classification of the dependent variables of placement during services or maltreatment after case closure.

SPSS Procedure for MANOVA/ANOVA Moderation Analyses

The first of two moderation analyses of variance was a MANOVA for moderation effects to investigate the role of poverty in the degree to which the caretaker factors distinguish among the groups of case outcomes. For this MANOVA, the independent variables were case outcome

and poverty and the dependent variables will be caretaker mental health, caretaker substance abuse, and family structure. Poverty, a continuous variable index of multiple financial need factors, was transformed into a categorical variable where the criteria for group identification were determined by the distribution of poverty scores. As no organic grouping was apparent by the distribution of scores, the researcher selected grouping criteria that represented the range of scores present. This analysis allowed the researcher to determine the differences in mean scores of cases experiencing successful case closure, placement during services, and maltreatment on caretaker substance abuse, caretaker mental health, and family structure, across different levels of poverty.

The moderation analysis was an ANOVA for moderation effects to investigate the role of type of maltreatment in the degree to which poverty distinguishes among the groups of case outcomes. For this ANOVA, the independent variables were case outcome and type of maltreatment and the dependent variable will be poverty. Type of maltreatment was defined as the primary type of maltreatment the family experienced, as evidenced by the greater risk score present for the family: abuse or neglect. In instances where the risk scores were similar, the family was classified as having experienced “both” types of maltreatment. Type of maltreatment was a categorical variable with three groups: abuse, neglect, and both. Poverty was a continuous variable, in the same configuration used for the HDFA for main effects. This analysis allowed the researcher to determine the differences in mean scores of cases experiencing successful case closure, placement during services, and maltreatment after case closure on poverty when the type of maltreatment is abuse, when it’s neglect, or when both types of maltreatment are present.

Conclusion

These analyses determined: (a) the most important distinguishing factors among successful cases, cases that experience placement during services, and cases that experience maltreatment after case closure; (b) the relative importance of blocks of variables in increasing proximity to families in their ecological system, and (c) the absence of moderating effects of poverty and the type of maltreatment on the degree to which select variables distinguish among groups of the dependent variable. The researcher obtained IRB approval of the research project prior to collection of numerical data. The results and discussion of the subsequent data analysis will follow.

Chapter Four

Introduction

This chapter presents the results of the statistical analyses conducted to test the model, main effects, and moderation effects that are the focus of this research project. This chapter provides detail on the creation of the poverty index (a subsequent independent variable) using factor analysis. It also provides information about the sample and the distributions of independent variables across the groups of interest: successful closure, out-of-home placement, and maltreatment after case closure. Next, it presents the hierarchical discriminant function analysis (HDFA) conducted, including the screening analyses to determine whether statistical assumptions had been met. This chapter also details the MANOVA and ANOVA procedures conducted to test the research hypotheses regarding moderation by poverty and type of maltreatment. Finally, it presents a summary of the multivariate results.

Overview of the project. The aim of this research project was to identify those characteristics that best distinguish among the outcomes of (a) successful case closure, (b) out-of-home placement during services, and (c) subsequent maltreatment after case closure experienced by (any child in) families who have received Child Protective Services (CPS) Ongoing services from Richmond City Department of Social Services (RDSS) between 1/1/2006 and 1/1/2008. This research project was conducted to answer the following research questions:

1. What factors best “predict” the outcomes of success, placement, and maltreatment for families experiencing CPS Ongoing services?
2. What amount of statistical variance is accounted for by variables that are in closer “proximity” to the family when controlling for contextual, environmental variables?
3. What moderating effect, if any, do the variables of poverty and type of maltreatment (abuse, neglect, or both) have on other factors that influence outcomes?

The research hypotheses for this project can be found in Table 3.

Table 3: Summary Results of Research Hypotheses

H1: The amount of variance in case outcome will be accounted for differentially across blocks of variables in increasing proximity to the family.	HDFA	Supported
H1a: Poverty will not account for a significant amount of variance independently with case outcome	HDFA (1 st Step) Canonical Correlation	Not Supported
H1b: Agency factors account for a significant amount of variance above and beyond the influence of poverty	HDFA (2 nd Step) Canonical Correlation	Supported
H1c: Family factors will account for a significant amount of variance above and beyond the influence of poverty and agency factors	HDFA (3 rd Step) Canonical Correlation	Supported
H1d: Individual/caretaker factors will not account for a large amount of variance above and beyond the influence of poverty, agency, and family factors.	HDFA (4 th Step) Canonical Correlation	Supported
H2: Poverty will distinguish successful cases from placement and maltreatment cases.	HDFA (3 rd Step)*	Reject Null
H3a: Number of services will not distinguish successful cases from placement and maltreatment cases	HDFA	Accept Null
H3b: Ratio of concrete services will distinguish successful cases from placement and maltreatment cases	HDFA (3 rd Step)*	Reject Null
H4a: Family history of placement will distinguish successful cases from placement and maltreatment cases	HDFA (3 rd Step)*	Reject Null
H4b: Chronicity of maltreatment will distinguish successful cases from placement and maltreatment cases	HDFA	Accept Null
H4c: Abuse risk score will distinguish successful cases from placement and maltreatment cases	HDFA	Accept Null
H4d: Neglect risk score will distinguish successful cases from placement and maltreatment cases	HDFA	Accept Null
H5a: Caretaker substance abuse will distinguish successful from placement and maltreatment cases	HDFA	Accept Null
H5b: Caretaker mental health will distinguish successful from placement and maltreatment cases	HDFA	Accept Null
H5c: Family structure will distinguish successful from placement and maltreatment cases	HDFA	Accept Null
H6: Individual/caretaker factors' influences on case outcome will be moderated by poverty	MANOVA	Accept Null
H7: Poverty's influence on case outcome will be moderated by type of maltreatment.	ANOVA	Accept Null

*Statistically significant result – the Third Step was the last step to reach statistical significance. The fourth and final step did not produce statistically significant results.

Sample

This research project focused on families who received CPS Ongoing services whose cases were opened and closed between 1/1/2006 and 1/1/2008, where the duration of each family's case took place between these dates. This project focused on families who had only one case open during this time period, and whose case was open for longer than 30 days, to ensure that the families who were being studied were those who had experienced CPS Ongoing as it is expected to be experienced. A 30-day or shorter case does not reflect typical CPS Ongoing services and may represent a family that was inappropriately targeted for services.

The census of families that met the criteria above was 161 families. Of these 161 families, seven families had experienced more than one of the target outcomes (both out-of-home placement and maltreatment after case closure). The inclusion of these seven families would not support mutually exclusive outcome groups for the proposed analyses and they were therefore excluded from the project. The total number of families who were eligible to be included in the project was 154.

Of the 154 families eligible to be included in this research project, 11 families had experienced out-of-home placement during services, 15 families had experienced maltreatment after case closure, and 128 families had experienced successful case closure. For the final groups of families to be included in the study, all of the families who had experienced placement during services or maltreatment after case closure were included, and a random sample of 25 was selected (by using the 'select cases' function in the statistical analysis software) from those families who had experienced successful case closure. The final sample size of 51 was chosen to meet power analysis recommendations and the closest approximation to equal group sizes of

case outcomes, to ensure greatest power for the HDFA. A summarized table of the sample can be found in Table 4.

Table 4: Population and Sample for Case Outcome

Case Outcome Group	Population Size	Number Included in Analysis
Successful Case Closure	128	25
Out-of-home Placement During Services	11	11
Maltreatment After Case Closure	15	15
Total	154*	51**

*Population for which factor analysis for this project was conducted – Poverty index creation

**Sample for which DFA, MANOVA, and ANOVA tests for this project were conducted

Bivariate Analyses for Sample Characteristics

Bivariate analyses were conducted to obtain an understanding of the characteristics of successful cases, cases that experienced out-of-home placement during services, and cases that experienced maltreatment after case closure. Standard deviations on scale variables were large, indicating a very wide range of scores, far from the mean. This suggests that the mean values must be interpreted with caution for these variables.

Cases with out-of-home placement as the case outcome. Cases that experienced out-of-home placement (n=11) had low to moderate mean poverty scores ($M=0.88$, $SD= 1.10$, range 0 to 3.44). The largest percentage of placement cases (72.80%, n=8) experienced zero or one agency services provided and all placement cases (n=11) experienced no concrete services provided by the agency (ratio of concrete to non-concrete services = 0.00). Only one case that experienced out-of-home placement during services had a history of out-of-home placement prior to its target case in CPS Ongoing services. The largest percentage of placement cases (90.90%, n=10) experienced zero to two prior reports of maltreatment (indicating low chronicity of maltreatment).

Placement cases also had moderate abuse risk scores ($M=3.64$, $SD=2.50$) and high neglect risk scores ($M=7.36$, $SD=4.08$), as interpreted by the SDM Risk Assessment Tool. The SDM abuse risk scale determines risk category with the following criteria: low abuse risk is indicated by a score of zero to one, moderate risk is indicated by a score of two to four, high risk is indicated by a five to eight score, and very high is indicated by a nine or greater. The SDM neglect risk scale determines risk category with the following criteria: low neglect risk is indicated by a score of negative one to zero, moderate risk is indicated by a score of one to three, high risk is indicated by a four to eight score, and very high is indicated by a nine or greater. A score of negative one on the neglect risk scale is possible because one item in the scale that reflects a positive impact on the risk of neglect (“no prior investigations or assessments”) is scored as a “-1.”

Families who experienced placement during CPS Ongoing services were split on caretaker substance abuse: 63.60% ($n=7$) were assessed as not having a history of or current substance abuse problem and 36.40% ($n=4$) did. Only a small percentage (18.20%, $n=2$) of caretakers in placement cases were assessed as having mental health problems, where 81.80% ($n=9$) did not. For family structure, nearly half (45.50%, $n=5$) of placement cases were single mother families, and the rest of the families were relatively evenly distributed across the other categories (two families with single fathers, one family with grandmother-only, and three families with a mother and other adult).

Cases with maltreatment after case closure as case outcome. Cases that experienced maltreatment after case closure ($n=15$) had moderate poverty scores ($M=1.62$, $SD=1.13$). The largest percentage of cases that experienced maltreatment (80.00%, $n=12$) received one to three services from the agency and zero (73.30%, $n=11$) concrete services (ratio of concrete to non-

concrete services = 0.00). Only a single case that experienced maltreatment after case closure had a family history of placement prior to its open case with CPS Ongoing. The largest percentage of maltreatment cases (66.60%, $n=10$) experienced one to two previous maltreatment reports (with the remainder of cases experiencing zero or three reports, none greater).

Maltreatment cases had moderate abuse risk scores ($M=3.07$, $SD=2.66$) and high neglect risk scores ($M=5.73$, $SD=3.31$) as interpreted by the SDM Risk Assessment Tool. Only three families (20.00%) experiencing maltreatment after case closure had a caretaker who was assessed as having a history of or current substance abuse problem, and only one family (6.70%) in the maltreatment group had a caretaker assessed as having a mental health problem. The family structure for cases experiencing maltreatment after case closure was primarily single mother and mother with other adult (73.40%, $n=11$), with the remainder of cases (26.70%, $n=4$) having mother and father caregiving arrangements.

Cases with successful closure and no subsequent maltreatment. Cases that closed successfully had low poverty scores ($M=0.50$, $SD=0.79$). The majority of successful cases (76.00%, $n=19$) experienced one to two services, with four cases (16.00%) experiencing four to five services provided by the agency. For successful cases, 92.00% ($n=23$) received zero concrete services, however one case experienced half of their services as concrete (4.00%), and one case experienced only concrete services (4.00%). For successful cases, four families (16.00%) had a history of placement prior to their open case with CPS Ongoing Services. This is a greater percentage than the placement and maltreatment groups. Successful cases also experienced a low chronicity of maltreatment (number of previous reports), with its largest percentage (92.00%, $n=23$) of cases experiencing zero to two prior reports of maltreatment. However, the remaining two cases experienced four and twelve reports, respectively, the largest

number of reports for any case in any outcome group. Only one of the successful group families that had a history of placement had greater than one previous report, suggesting either that the previous history of placement for the other three families are not indicative of a chronic maltreatment problem, or that the families may have experienced reports of maltreatment in other locations prior to their involvement in Richmond City CPS.

The successful group had moderate abuse risk scores ($M=3.08$, $SD=2.27$) and high neglect scores ($M=5.24$, $SD=4.01$), as interpreted by the SDM Risk Assessment Tool. Five of the successful cases (20.00%) had caretakers who were assessed as having a history of or current substance abuse problem, and five (20.00%) had caretakers who were assessed as having a mental health problem. These represent 10 total cases, as there was no overlap in the caregivers who were assessed for either condition (co-occurrence of substance abuse or mental health problems). For family structure, the greater percentage of successful cases (58.30%, $n=14$) are single mother caregiver arrangements, with eight cases (33.30%) having a mother and other adult or mother and father arrangement, and only two (8.30%) with a single father arrangement.

Comparisons across outcome groups. The dependent variable groups are compared to one another on each independent variable in Table 5. The maltreatment group appeared to statistically significantly differ from the successful group with respect to poverty score (the maltreatment group's mean poverty score was significantly larger than that of the successful group, $F(2, 42)=5.99$, $p<0.01$), as indicated by ANOVA results detailed later. No statistically significant differences among the successful, placement, and maltreatment groups were indicated by chi square tests with respect to the number of services and ratio of concrete services each group received. Chi square tests also indicated that there was not a statistically significant difference among the case outcome groups for history of placement or chronicity of

maltreatment. An ANOVA was conducted to determine if abuse and neglect risk scores differed across case outcome and the results indicated that they did not. Chi square tests also indicated that there were no significant differences among the groups with respect to caretaker substance abuse, caretaker mental health, and family structure.

Table 5: Comparisons of Independent Variables Across Dependent Variable Groups

Variable	Successful (n=25)	Out-of-Home Placement (n=11)	Maltreatment (n=15)
Poverty Score – Mean (Range: 0.00 to 3.44)	0.50 (SD=0.79)	0.88 (SD=1.10)	1.62 (SD=1.13)
Number of Services – Mean (Range: 0 to 5)	1.72 (SD=1.28)	1.18 (SD=1.33)	2.00 (SD=1.20)
Ratio of Concrete Services (Range: 0.00 to 1.00)	0.06 (SD=0.22)	0.00 (SD=0.00)	0.16 (SD=0.31)
History of Placement (“Y”) – Count	4 (16.00%)	1 (9.10%)	1 (6.70%)
Chronicity of Maltreatment – Mean (Range: 0 to 12)	1.36 (SD=2.43)	1.18 (SD=0.87)	1.40 (SD=0.99)
Abuse Risk Score – Mean (Range: 0 to 9)	3.08 (SD=2.27)	3.64 (SD=2.50)	3.07 (SD=2.66)
Neglect Risk Score – Mean (Range: -1 to 13)	5.24 (SD=4.01)	7.36 (SD=4.08)	5.73 (SD=3.31)
Caretaker Substance Abuse (“Y”) – Count	5 (20.00%)	4 (36.40%)	3 (20.00%)
Caretaker Mental Health Problem (“Y”) – Count	5 (20.00%)	2 (18.20%)	1 (6.70%)
Family Structure – Count			
<i>Single Father</i>	2 (8.30%)	2 (18.20%)	0 (0.00%)
<i>Grandmother only</i>	0 (0.00%)	1 (9.10%)	0 (0.00%)
<i>Single Mother</i>	14 (58.30%)	5 (45.50%)	7 (46.70%)
<i>Mother and Other Adult</i>	3 (12.50%)	3 (27.30%)	4 (26.70%)
<i>Mother and Father</i>	5 (20.80%)	0 (0.00%)	4 (26.70%)

Factor Analysis – Creation of the Poverty Index

Pre-analysis screening of the data. The Poverty Index variable was created on the dataset of the population of families experiencing CPS Ongoing services between January 2006 and January 2008 who experienced only one of the possible case outcomes of success, placement, or maltreatment (N=154), prior to selecting the placement and maltreatment groups and randomly sampling the successful group for the main and moderation analyses. The variables for which the researcher was interested in determining an underlying structure were: (a) average monthly amount of Food Stamps provided to each family, (b) average monthly amount of TANF benefits provided to each family, (c) whether a caretaker in the family was eligible for Medicaid, and (d) whether a caretaker in the family was eligible for VIEW. These variables were screened and entered into the factor analysis, the factor scores from which were used to compose the poverty index scores for each family.

Pre-analysis screening was conducted to evaluate the four variables (scale variables of Food Stamp benefits and TANF benefits; categorical variables of Medicaid eligibility and VIEW eligibility) on the assumptions of factor analysis: (a) Presence of outliers, (b) Linearity and orthogonality, (c) Multivariate normality, (d) Homoscedasticity/equality of variance (tested with the Box's M statistic), and (e) Multicollinearity. The scale variables of Food Stamp and TANF benefits were evaluated for outliers by the use of boxplots, stem-and-leaf diagrams, and Mahalanobis distances. Box plots and stem-and-leaf diagrams indicated a single outlier for Food Stamp benefit (a value of \$786.57, deemed significantly farther from the previous value recorded in the distribution: \$654.76). Box plots and stem-and-leaf diagrams also indicated 16 outliers, where only 17 values were identified as non-zero and 137 cases had a value of zero for TANF benefits provided.

Two extreme values were identified as multivariate outliers by identifying those Mahalanobis distance values that exceeded the chi-square critical value for two degrees of freedom (as two variables were included in the analysis) and a p value of <0.001 . The researcher did not remove any cases from the dataset prior to the factor analysis and poverty index construction due to the presence of outliers, as it was assessed that these outliers were not due to data entry or instrumentation error. The extreme values were assessed to be an accurate representation of the distribution of benefits to families experiencing CPS Ongoing services.

Linearity was evaluated using matrix scatter plots to examine the relationship between the two scale variables, Food Stamp and TANF benefits. A linear relationship, indicated by an elliptical or oval shape in a scatter plot of two variables (Mertler & Vannatta, 2005) could not be observed between these two variables, potentially due to the non-normal distribution of values for each of these variables. Normality was evaluated by skewness, kurtosis, and Kolmogorov-Smirnov values. Skewness and kurtosis were indicated for both variables, and the Kolmogorov-Smirnov statistic indicated a non-normal distribution for Food Stamp benefit (0.35, $df=154$, $p<0.001$) and TANF benefit (0.54, $df=154$, $p<0.001$). These non-normal distributions of values for benefits could be the result of the skew towards zero values for benefits, as these were present for a large number of cases in the data set. These non-normal distributions might also explain the lack of linearity in relationships between the two variables. These “no financial benefit” cases were determined to be valuable to the index development and their zero values were retained.

Multicollinearity was evaluated for all variables included in the exploratory factor analysis to create the poverty index using Pearson’s R correlations. Each of the four variables (Food Stamp amount, TANF amount, Eligibility for Medicaid, and Eligibility for VIEW) was

significantly correlated with each of the remaining variables. Food Stamp amount was moderately correlated ($r=0.41$, $p<0.001$) with TANF amount, strongly correlated ($r=0.83$, $p<0.001$) with caretaker eligibility for Medicaid, and moderately correlated ($r=0.62$, $p<0.001$) with caretaker eligibility for VIEW. TANF amount was moderately correlated ($r=0.40$, $p<0.001$) with caretaker eligibility for Medicaid, and moderately correlated ($r=0.61$, $p<0.001$) with caretaker eligibility for VIEW. Caretaker eligibility for TANF was moderately correlated ($r=0.59$, $p<0.001$) with caretaker eligibility for VIEW. An important caveat to these results is that the distribution for TANF benefits was non-normal, with a very large number of cases experiencing a zero value indicating no benefits. Stevens (1996) makes an argument that violations of normality do not substantially affect the results or power of statistical analyses, and a transformation of the data to reflect normality was not deemed necessary to successfully conduct this analysis.

Principal components exploratory factor analysis. Factor analysis was conducted to determine what, if any, underlying structure exists for measures on the following four variables: (a) Average monthly amount of food stamps received (this is a dollar amount of food stamp benefit a family was provided), (b) Average monthly amount of TANF benefits received (this is a dollar amount of cash benefit a family was provided), (c) Whether the caretaker was approved for Medicaid (this is a binary variable of whether the family's income made its members eligible for Medicaid benefits and does not indicate whether the family participated in or received Medicaid benefits), and (d) Whether the caretaker was approved for VIEW participation (this is a binary variable of whether the family's income and other criteria made its caregivers eligible for an employment training and placement program called VIEW and does not indicate whether the family participated in or received VIEW benefits). All families who were eligible for VIEW

were included in this analysis. Some may have chosen not to participate in VIEW, but their eligibility indicates their level of financial need. Considering eligibility for, and not participation in, VIEW protects these data from being biased against families who may have selected not to participate in VIEW due to stigma or other disincentives to participate.

These data were collected from the Benefit Programs Data Warehouse for each caretaker recorded on each case included in the research project. The data collected from the Data Warehouse included the amount of benefits supplied and eligibility for benefit programs for each month for each caretaker between January 2006 and January 2008. The researcher calculated an average monthly amount for Food Stamps and TANF benefits for each caretaker and summed these amounts to determine the average monthly amount for Food Stamps and TANF benefits for each family/case included in the analysis. If any caretaker had any eligibility for Medicaid or VIEW participation at any point during that two year period, the family was scored as having been deemed eligible for these programs.

Principal components analysis was conducted using a varimax rotation. The initial analysis retained only one component. The Kaiser Meyer Olkin measure of sampling (0.71) and Bartlett's Test of Sphericity ($\chi^2=320.14$, $df=6$, $p<0.001$) indicated that there is sufficient homogeneity of variables in the face of a small sample size ($N=154$), and the variables statistically "belong" together. The Bartlett's Test of Sphericity is important to use to determine homogeneity of variables when a sample size is smaller than 150 (Tabachnick & Fidell, 2001). Three criteria were used to determine the appropriate number of components to retain: eigenvalue, variance, and scree plot, and the criteria indicated that retaining more than one component would not be appropriate. The first component accounted for 68.51% of the variance. All items included in the analysis loaded positively and strongly on the first component (see

Table 6). The researcher saved the factor scores computed for each case by SPSS. These factor scores were each case's standardized score on the selected variables, multiplied by the factor loading of the variable for the single factor that was retained, and summed together. This is how the four variables were standardized, weighted, and combined to create the poverty index.

Table 6: Factor Analysis Component Loadings for Poverty Index Creation

Component 1	Factor Loading	Component Score
Average Monthly Food Stamp Amount	0.88	0.32
Average Monthly TANF Amount	0.70	0.26
Approved for Medicaid?	0.87	0.32
Approved for VIEW?	0.85	0.31

Once the factor scores were computed for each case based on the variables' component scores, the poverty index scores ranged from -0.74 (lowest financial assistance) to 2.70 (highest financial assistance). The researcher added 0.74 to each factor score for each case, to transform the range to 0 to 3.44 to simplify the interpretation of subsequent analyses' results.

Limitations of the poverty index variable. Social security numbers (used to collect the component variables of the poverty index) were not available for many caregivers, making this information impossible to collect for many cases. For those families not receiving cash assistance, TANF benefits may not have been awarded due to eligibility issues: gender, employment-seeking compliance, and/or time limits on benefits. Some families may have had the financial need for TANF benefits, but were not awarded them. Therefore, lack of TANF benefits was not necessarily an indicator of no financial need. However, in some of these cases, the family was still receiving food stamps and was recorded as having *some* financial need. This limitation is not a serious one, as the discrepancies between actual financial need and benefit receipt (indicated by a lack of benefits recorded) would not be expected to suggest that a family who is actually in great financial need has no poverty at all.

Hierarchical Discriminant Function Analysis

This research project involved a single categorical dependent variable (case outcome) with three groups: successful case closure, out-of-home placement during services, and maltreatment after case closure. The independent variables included in the model were organized into blocks according to ecological systems theory, which suggests that individuals' behavior and experiences are a function of layers of contextual influences of increasing distance from the individual (Bronfenbrenner, 1979). The blocks are as follows: Poverty/Context (poverty index score); Agency (number of services and ratio of concrete services); Family (history of placement, chronicity of maltreatment, abuse risk score, and neglect risk score); and Individual/Caretaker (caretaker substance abuse, caretaker mental health, and family structure). Poverty index score, number of services, ratio of concrete services, chronicity of maltreatment, abuse risk score, neglect risk score, and family structure are scale variables. History of placement, caretaker substance abuse, and caretaker mental health are binary categorical variables. Given the small sample size (from an original population of only 161), a DFA was the most appropriate method for testing the hypotheses regarding the independent variables' relationships with case outcome. A series of DFAs, each adding the subsequent block of variables to determine the amount of variance explained, was conducted to test the model hypotheses. This method is referred to here as hierarchical discriminant function analysis (HDFA).

A power analysis was conducted using the computer program G-Power to determine the appropriate sample size for a MANOVA (the inverse procedure to DFA) with a three-group dependent variable, 10 independent variables, and an alpha level of 0.05. The results of that power analysis suggested that the appropriate sample size for this analysis would be 51. The final dataset included all placement cases (n=11), all maltreatment cases (n=15), and a random sample

of successful cases (n=25) all selected from the overall population of families experiencing CPS Ongoing Services between January 2006 and January 2008 (N=161). Excluded from the analysis were cases that experienced BOTH placement and maltreatment as case outcomes (a total of seven cases that were excluded), as these did not support mutually exclusive groups, a necessary condition for DFA.

Pre-analysis screening of the data. The variables for which the researcher was interested in determining distinguishing value regarding case outcome were: (a) Poverty, (b) Number of services provided, (c) Ratio of concrete to non-concrete services provided, (d) Family history of placement, (e) Chronicity of maltreatment, (f) Abuse risk score, (g) Neglect risk score, (h) Caretaker experience of substance abuse, (i) Caretaker experience of mental health problems, and (j) Family structure.

The statistical assumptions of DFA are: multivariate normality and equivalence of variance/covariance matrices (Tabachnick & Fidell, 2001). The statistical assumptions of the ANOVA test also include an absence of outliers in the data, and the statistical assumptions of the MANOVA test also include linearity and low-to-moderate multicollinearity among independent and dependent variables (Tabachnick & Fidell). Pre-analysis screening was conducted to evaluate the categorical (case outcome, family history of placement, caretaker history of substance abuse, caretaker history of mental health problems) and scale (poverty, number of services, ratio of concrete services, chronicity of maltreatment, abuse risk score, neglect risk score, and family structure) variables of interest on the assumptions of DFA, MANOVA, and ANOVA tests. Pre-analysis screening was not necessary for the DFA statistical assumption of equivalence of variance and covariance matrices, because this was evaluated by the Box's M statistic as part of the HDFA.

Normality for each interval-level and ratio-level variable was determined with the Kolmogorov-Smirnov test of normality, which indicated that all scale variables with the exception of the neglect risk score were characterized by non-normal distributions of values. These non-normal distributions may have been the result of outliers present for many of the included variables. Significant outliers were identified by boxplot analysis for the variables of abuse risk score (five extreme values of high scores), ratio of concrete services to non-concrete services (all but five values were non-zero, those five values were considered outliers), and chronicity of maltreatment (a single value of 12 significantly greater than all other values). These outliers were not transformed or removed, as these values were not attributed to data entry or instrumentation error, and were assessed to be accurate representations of the distribution of abuse risk score, ratio of concrete services, and chronicity of maltreatment for families experiencing CPS Ongoing services in the time period selected.

Linearity was evaluated using matrix scatter plots to examine the relationship of the interval-level and ratio-level independent variables with one another. A linear relationship, indicated by an elliptical or oval shape in a scatter plot of two variables (Mertler & Vannatta, 2005) could not be observed among any combination of interval-level and ratio-level variables included in the analysis. This lack of linear relationships among the variables for this research project may have been a result of the non-normal distribution among nearly all interval- and ratio-level variables included in the research (Mertler & Vannatta). Linearity is not a major assumption for DFA, and these non-normal distributions should not have substantially negatively affected the results of these analyses, as univariate and multivariate normality violations have only minor impacts on power and level of significance of statistical tests (Stevens, 1996).

Multicollinearity was evaluated among all independent variables by Pearson's R correlations. Statistically significant correlations were observed between chronicity of maltreatment and abuse risk score ($r=0.32$), neglect risk score ($r=0.46$), and caretaker mental health ($r=0.34$). Statistically significant correlations were also observed between abuse risk score and neglect risk score ($r=0.29$) and family structure ($r=-0.28$). Statistically significant correlations were also observed between neglect risk score and caretaker substance abuse ($r=0.29$). All correlations identified were below 0.50 and the majority was below 0.20, indicating that any relationships observed were weak, and any collinearity present should not cause a concern for subsequent statistical analyses.

Testing the ecological systems-informed model. An HDFA was conducted to determine the extent to which each independent variable (organized into four blocks in increasing proximity to the family unit) distinguished case outcomes from one another. At each step, the researcher calculated the squared value of the canonical correlation for each block of variables ((1) Context/Poverty, (2) Agency, (3) Family, and (4) Individual/Caretaker characteristics), to determine the effect size and percent of variance accounted for by each block of variables (see Table 7).

Table 7: Isolated Effect Sizes and Percentage of Variance Accounted for by Each Step of Hierarchical DFA

Step	Block	Function	Eigen-value	Wilks' Lambda	χ^2	df	Sig.	Canonical Correlation (CC)	Effect Size (CC ²)	% of variance accounted for	% of variance accounted per step	Variance Accounted for per block
1	(P/C) Alone	1	0.27	0.79 ^{*a}	11.28	2	<0.01	0.46	0.21	20.98%	20.98%	20.98% (Poverty)
2	(P/C) + (A)	1	0.38	0.68 ^{*b}	18.18	6	<0.01	0.53	0.28	27.67%	33.72%	12.74% (Agency)
2	(P/C) + (A)	2	0.06	0.94	2.93	2	0.23	0.25	0.06	6.05%		
3	(P/C) + (A) + (F)	1	0.46	0.57 ^{*c}	25.15	14	0.03	0.56	0.32	31.58%	47.99%	14.27% (Family)
3	(P/C) + (A) + (F)	2	0.20	0.84	8.05	6	0.24	0.41	0.16	16.40%		
4	(P/C) + (A) + (F) + (I/C)	1	0.61	0.52 ^d	28.14	20	0.11	0.62	0.38	37.82%	54.96%	6.98% (Individual/Caretaker)
4	(P/C) + (A) + (F) + (I/C)	2	0.21	0.83	7.98	9	0.54	0.41	0.17	17.14%		

Note: P/C: Poverty/Context; A = Agency; F = Family; and I/C = Individual/Caretaker

- a. Box's M for this step: 2.88, p=0.25
- b. Box's M for this step: 9.12, p=0.22
- c. Box's M for this step: 47.10, p=0.13
- d. Box's M for this step: 97.34, p=0.15

Poverty alone accounted for approximately 20.98% of the variance in case outcome (successful case closure, out-of-home placement during services, or maltreatment after case closure). Agency factors (number of services provided, ratio of concrete services provided) appeared to account for 12.74% of the variance in case outcome. Family factors (history of placement, chronicity of maltreatment, abuse risk score, neglect risk score) seemed to account for an additional 14.27% of the variance in case outcome. Individual/caretaker factors (caretaker substance abuse, caretaker mental health, and family structure) appeared to account for an additional 6.98% of the variance in case outcome. Together, these four blocks of variables accounted for 54.96% of variance in the case outcome.

Poverty alone correctly classified 56.90% of the originally grouped cases. Adding agency factors increased correct classification by 7.80% (Total: 64.70% of cases classified correctly). Adding family factors decreased correct classification by 5.90% (Total: 58.80% of cases classified correctly). Adding individual/caretaker factors increased correct classification by 7.20% (Total: 66.00% of cases classified correctly).

Identifying discriminating functions and factors. In conducting the HDFA, the researcher discovered that significant functions were identified in each step before the final step that included the individual/caretaker factors of mental health, substance abuse, and family structure. For the first and second steps, only the poverty index score loaded on the significant function, both of which indicating that maltreatment cases were likely to have the highest poverty (financial assistance) scores. In the third step, the poverty index score, ratio of concrete services, and family history of placement significantly distinguished among the groups, with maltreatment likely experiencing the greatest poverty index score, greatest concrete services, and the least incidence of a family history of placement. When individual/caretaker factors were

included in the fourth step, neither of the factors were identified as significantly distinguishing among the groups, but family history of placement was replaced by caretaker mental health as the third variable loading on factor one.

In the fourth step of the HDFA, when all levels of variables were included in the model (Context/Poverty, Agency, Family, and Individual/Caretaker), case outcomes (whether a case closes successfully, experiences out-of-home placement during services, or experiences maltreatment after case closure) were distinguished (though not statistically significantly) from one another by two identified functions (See Tables 8 and 9). Function One included: (a) Poverty, (b) ratio of concrete services, and (c) caretaker mental health. Function Two included: (a) Family structure, (b) neglect risk score, (c) caretaker substance abuse, (d) number of services rendered, (e) history of placement, (f) abuse risk score, and (g) chronicity of maltreatment (see Table 8 for the Standardized Function Coefficients and Structure Matrix).

Table 8: Standardized Function Coefficients and Structure Matrix for Final Step of DFA

Variable	Standardized Factor 1	Standardized Factor 2	Structure Factor 1	Structure Factor 2
Poverty Index Scale Score	0.87	-0.50	0.61*	-0.37
Ratio of Concrete Services to Non- Concrete Services	0.65	0.29	0.31*	0.22
Has Caretaker Experienced Mental Health Problems?	-0.15	0.17	-0.22*	0.08
Family Structure	0.55	0.27	0.36	.046*
Neglect Risk Score	-0.11	-0.70	-0.07	-0.43*
Has Caretaker Experienced Substance Abuse?	-0.01	0.04	-0.09	-0.31*
Number of Services Rendered to Family	0.11	0.59	0.26	0.30*
Does the Family Have a History of Placement?	-0.17	0.43	-0.14	0.21*
Abuse Risk Score	0.37	-0.08	-0.05	-0.20*
Chronicity of Maltreatment (# of Previous Reports)	-0.34	0.45	0.02	0.11*

a. Note: Neither Factor 1 nor Factor 2 are statistically significant

b. *Largest absolute correlation between each variable and any discriminant function

Table 9: Functions at Group Centroids

Case Outcome	Function 1	Function 2
Successful Closure	-0.47	0.37
Out-of-Home Placement During Services	-0.54	-0.77
Maltreatment After Case Closure	1.15	-0.02

The function values at group centroids indicate that cases that experienced maltreatment after case closure were different from those cases that experienced placement or successful closure, though not statistically significantly. The results for function one suggest that cases that experienced maltreatment after case closure experienced the greatest poverty/financial assistance, the greatest proportion of concrete services, and the least incidence of caretaker mental health problems than both successful and placement cases. The results for function two suggest that placement cases were different from successful and maltreatment cases, though not statistically significantly. The results indicate that placement cases had the least positive family structure, greatest neglect risk score, highest caretaker substance abuse incidence, the fewest number of services provided, the least incidence of a history of placement, the greatest abuse risk score, and the least chronicity of maltreatment (see Table 9).

The third step of the HDFA was the last in the series to reach statistical significance for a single function in distinguishing among the groups of case outcomes. The following variables experienced the largest absolute correlation with factor one in the third step of the HDFA: (a) Poverty, (b) ratio of concrete services, and (c) family history of placement (see Table 10 for the Standardized Function Coefficients and Structure Matrix). The functions at group centroids (see Table 11) for function one in the third step of the analysis suggested that cases that experienced maltreatment after case closure experienced the greatest poverty, the highest proportion of concrete services, and the least incidence of a history of placement (the successful group having experienced the least poverty, the lowest concrete services ratio, and the highest incidence of a history of placement).

Table 10: Standardized Function Coefficients and Structure Matrix for Third (Last Significant) Step of DFA

Variable	Standardized Factor 1	Standardized Factor 2	Structure Factor 1	Structure Factor 2
Poverty Index Scale Score	1.05	-0.26	0.75* [†]	-0.19
Ratio of Concrete Services to Non- Concrete Services	0.61	0.40	0.33* [†]	0.32
Does the Family Have a History of Placement?	-0.17	0.42	-0.17* [†]	0.15
Neglect Risk Score	-0.18	-0.82	0.02	-0.50*
Number of Services Rendered to Family	0.04	0.64	0.20	0.44*
Abuse Risk Score	0.24	-0.10	-0.03	-0.22*
Chronicity of Maltreatment (# of Previous Reports)	-0.29	0.53	0.03	0.09*

*Largest absolute correlation between each variable and any discriminant function

[†]Factor is significant at the p=0.05 level

Table 11: Functions at Group Centroids for Third (Last Significant) Step of DFA

Case Outcome	Function 1
Successful Closure	-0.50
Out-of-Home Placement During Services	-0.24
Maltreatment After Case Closure	1.01

DFA has the added benefit of giving the researcher an opportunity to understand what may be the conceptual linkages among variables that load together on discriminant factors. For this project, whether considering the third (and last-significant) step or the fourth, non-significant step, conceptual differences are present between the variables that load together on factor one and those that load on factor two. The linkages among the variables loading on each factor for both the third and fourth step appear to reflect Maslow's (1943) hierarchy of needs, where basic fundamental needs (physiological, safety) must be met first before higher-order needs (love and belonging, esteem) in order to achieve the highest levels of functioning and self-actualization. Factor one (poverty, proportion of concrete services, and caretaker mental health/history of placement) could be considered a fundamentals-based collection of variables: The strongest loadings reflect deficiencies in basic needs (physiological) and agency services to attempt to meet those needs. Factor two (family structure, neglect risk, caretaker substance abuse, number

of services, history of placement/caretaker mental health, abuse risk, and chronicity of maltreatment) could be considered a higher-order-based collection of variables: The strongest loadings may be interpreted to reflect deficiencies in higher-order needs (safety, love and belonging). The conceptual fit of a significant grouping of fundamentals-based variables supports the original assertion of this research project that families experiencing CPS Ongoing services *most* need intervention to address their lack of resources and impairment of day-to-day functioning.

Moderation Analyses

To test moderation by poverty of the impact of individual/caretaker characteristics on case outcome, poverty and individual/caretaker characteristics (caretaker substance abuse, caretaker mental health, and family structure) were entered into a MANOVA analysis with case outcome. To test moderation by type of maltreatment of the effects of poverty on case outcome, an ANOVA procedure was conducted with type of maltreatment, poverty, and case outcome. These two analyses sought to achieve the goals of determining if moderation effects were present among these sets of variables with regard to case outcome.

Poverty as moderator between case outcome (IV) and individual/caretaker factors (DVs). A MANOVA was conducted to determine the effect of poverty and case outcome on the three dependent variables of caretaker mental health, caretaker substance abuse, and family structure. This analysis was conducted to answer the following questions: (1) Do the individual/caretaker characteristics of mental health, substance abuse, and family structure differ with regard to poverty index score? (2) Do the characteristics of mental health, substance abuse, and family structure differ with regard to case outcome? And (3) Do poverty and case outcome interact in the effect on individual/caretaker characteristics of mental health, substance abuse,

and family structure? The poverty index scale score was first transformed into a categorical variable: all values of “0” were retained as “0” indicating “no financial assistance” (24 cases); all values above 0 and below 1.76 were labeled “1” and indicated “low to moderate financial assistance” (14 cases); all values 1.76 and higher were labeled “2” and indicated “moderate to high financial assistance” (13 cases). These recoded values were selected based on the distribution of poverty index scale scores, to ensure groups that were as close in size as possible.

MANOVA results indicated that neither poverty index score (Wilks’ $\Lambda=0.92$, $F(6, 78)=0.58$, $p=0.75$, $\eta^2=0.04$) nor case outcome (Wilks’ $\Lambda=0.82$, $F(6, 78)=1.33$, $p=0.26$, $\eta^2=0.09$) significantly affected the combined DV of individual/caretaker characteristics (caretaker mental health, caretaker substance abuse, and family structure). Additionally, the results indicated that there was no significant factor interaction between poverty and case outcome (Wilks’ $\Lambda=0.71$, $F(12, 103.48)=1.21$, $p=0.29$, $\eta^2=0.11$) on the combined DV of individual/caretaker characteristics. These results indicated that no individual/caretaker factor’s effect on case outcome was moderated by the presence of different levels of poverty (see Table 12).

Table 12: MANOVA Results for Group Differences in Individual/Caretaker Factors (DVs) by Case Outcome (Main Effect) for Levels of Poverty (Moderator)

Effect	Wilks’ Λ Value**	F	Hypothesis df	Error df	Sig	Partial Eta Squared
Intercept	0.09	135.54	3.00	39.00	0.00	0.91
Case Outcome	0.82	1.33	6.00	78.00	0.26	0.09
Grouped Poverty Index Score	0.92	0.58	6.00	78.00	0.75	0.04
Case Outcome * Grouped Poverty Index Score	0.71	1.21	12.00	103.48	0.29	0.11

**Box’s M for this analysis = 5.45, $p=0.71$.

Type of maltreatment as moderator between case outcome (IV) and poverty (DVs).

A Univariate ANOVA was conducted to investigate poverty differences in type of maltreatment and case outcome. This analysis was conducted to answer the following questions: (1) Does

poverty index score differ among families with different types of maltreatment? (2) Does poverty index score differ among families with different case outcomes? And (3) Does the relationship between type of maltreatment and case outcome differ with respect to poverty index score? First, the variable of “type of maltreatment” was created by determining the higher risk score present for each family: abuse or neglect. In cases where the abuse score was higher than the neglect score by more than two points, the case was recorded as having a type of maltreatment as primarily abuse. For cases where the neglect score was higher than the abuse score by more than two points, the case was recorded as having a type of maltreatment as primarily neglect. For cases where the abuse and neglect risk scores were within two points of one another and neither score indicated no risk (a zero or negative value), the case was recorded as having a type of maltreatment as both abuse and neglect. This categorical variable was used for “type of maltreatment” in this moderation analysis.

ANOVA results (see Table 13) showed a significant main effect for case outcome ($F(2, 42)=5.99, p=0.01$, partial $\eta^2=0.22$), but not type of maltreatment ($F(2, 42)=1.54, p=0.23$, partial $\eta^2=0.07$). Additionally, the results indicated no significant interaction between case outcome and type of maltreatment ($F(4, 42)=0.51, p=0.73$, partial $\eta^2=0.05$). Bonferroni post-hoc tests were conducted (see Table 14) to determine which case outcome groups were different from one another, and indicated that successful cases ($M=0.50, SD=0.79$) had significantly lower poverty index scores than maltreatment cases ($M=1.62, SD=1.13$), but did not differ from placement cases ($M=0.88, SD=1.10$), and placement cases did not differ from maltreatment cases on poverty score.

Table 13: ANOVA Results for Group Differences in Level of Financial Need (Poverty – DV) by Case Outcome (Main Effect) for Types of Maltreatment (Moderator)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	16.12 ^a	8	2.01	2.10	0.06
Intercept	19.13	1	19.13	19.91	0.00
Case Outcome	11.51	2	5.76	6.00	0.01*
Type of Maltreatment	2.96	2	1.48	1.54	0.23
Case Outcome * Type of Maltreatment	1.96	4	0.49	0.51	0.73
Error	40.37	42	0.96		
Total	98.98	51			
Corrected Total	56.49	50			

a. R Squared = .29 (Adjusted R Squared = .15)

Table 14: ANOVA Post Hoc Analyses – Bonferroni

Case Outcome	Case Outcome	Mean Difference	Std. Error	Sig.	95% CI	
					LL	UL
Successful Closure	Out-of-Home Placement During Services	-0.38	0.35	0.86	-1.27	0.50
	Maltreatment After Case Closure	-1.12*	0.32	0.00	-1.92	-0.32
Out-of-Home Placement During Services	Successful Closure	0.38	0.35	0.86	-0.50	1.27
	Maltreatment After Case Closure	-0.74	0.39	0.19	-1.71	0.23
Maltreatment After Case Closure	Successful Closure	1.12*	0.32	0.00	0.32	1.92
	Out-of-Home Placement During Services	0.74	0.39	0.19	-0.23	1.71

*The mean difference is significant at the 0.05 level.

Summary of Multivariate Results

The results of the main analyses indicate that poverty is the factor that explained the greatest variance in case outcomes for families experiencing CPS Ongoing services, followed by family's history and characteristics, followed by agency services, and then individual/caretaker characteristics. The results partially support the conceptual model used to drive these analyses, for which the hypotheses suggested that poverty would not explain much of case outcome on its own, but that agency and family characteristics would explain much of the variance, and individual/caretaker factors would not (see Table 3 for a summary of the hypotheses and results).

The main analyses also supported three research hypotheses regarding individual independent variables included in the model. The first, H2, was that poverty was important to distinguishing among cases that experience successful closure, out-of-home placement, and maltreatment after case closure. The second supported research hypothesis, H3b, was that the ratio of concrete services provided will significantly distinguish among groups of case outcomes. The third supported hypothesis, H4a, was that a family history of placement will significantly distinguish among groups of case outcome. The results suggest that successful cases were most distinguishable from maltreatment cases (experiencing lesser poverty, fewer concrete services, and a greater history of placement), and that placement cases were more distinguishable from maltreatment cases than from successful cases (experiencing lesser poverty, fewer concrete services, and greater history of placement whereas maltreatment cases experienced differences in the opposite direction).

No moderation effects were observed in the results of the MANOVA and ANOVA procedures. In this sample, poverty does not moderate the effect of family characteristics on case outcome, and type of maltreatment does not moderate the effect of poverty on case outcome.

The analyses conducted for this research project resulted in some expected findings as well as some unexpected findings. As seen in Table 7, agency factors (number of services provided and proportion of those services that was concrete) and family factors (history of placement, chronicity of maltreatment, abuse risk, and neglect risk) account for a large amount of variance in case outcome as was expected. The HDFA showed that of these variables, the proportion of concrete services and the history of placement of families were the most important of these variables to distinguish among the case outcomes (particularly distinguishing cases that experienced maltreatment from the other two groups). Also supported was the research hypothesis that individual/caretaker factors (caretaker mental health, caretaker substance abuse, and family structure) do not account for a large amount of variance in case outcome. The HDFA showed that these variables actually reduced the ability to distinguish among the groups to a non-significant level when included in the model.

The HDFA for this project showed that poverty, ratio of concrete services, and family history of placement statistically significantly distinguish the case outcome groups, which was expected. Greater rates of poverty were expected to be linked to poorer outcomes (maltreatment after case closure) and this research hypothesis was supported. The direction of the relationship of ratio of concrete services and family history of placement was unexpected, however: Theoretically, the hypothesis was that better outcomes (successful case closure) would be linked to a greater proportion of concrete services and no history of placement. The opposite relationship was found: Cases that experienced successful case closure experienced a greater proportion of concrete services and a greater history of out-of-home placement.

The HDFA did not support the expected relationships among case outcome and the following variables: (a) number of services, (b) chronicity of maltreatment, (c) abuse risk score,

(d) neglect risk score, (e) caretaker mental health, and (f) caretaker substance abuse. Also unexpected were the results that no moderation could be found among the variables of interest. The expectations of this project were that poverty would moderate the effect of individual/caretaker characteristics on case outcome and that type of maltreatment would moderate the effect of poverty on case outcomes. Interactions among these variables were not indicated as a result of the MANOVA and ANOVA tests conducted for this project. Potential explanations for these expected and unexpected findings are presented in Chapter 5.

Chapter Five

Introduction

Many critiques have been made regarding the structure and effectiveness of family preservation programming intended to reduce the risk and incidence of out-of-home placement of children into foster care. Some authors and researchers have drawn attention to poverty and its role in maltreatment risk and out-of-home placement, and encouraged policy-makers, administrators, researchers, and practitioners to refocus services toward families' financial, material, economic, and community needs in order to reduce the risk of abuse and neglect, as well as out-of-home placement. The results of this research project support the link between poverty and risk of maltreatment, and also identify a need for increased service provision to address the material needs of families served by the Richmond Department of Social Services (RDSS) to prevent out-of-home placement and maltreatment. Recent research has identified some mechanisms by which poverty affects parenting and maltreatment risk, through the lack of availability of community support of family needs (Merritt, 2009; Wulczyn, 2009), resulting depression and lack of social support (Lee, Anderson, Horowitz, & August, 2009), and housing inadequacy or unavailability (Shdaimah, 2009). Each of these evidentiary claims to the relationship between poverty and child maltreatment supports the idea that more must be done to address poverty in order to reduce maltreatment risk.

This chapter will provide a summary of the current project, present limitations of the research, and discuss the significant results. This chapter will also present recommendations to

policy, practice, research, and social work education based on the findings of this study and the broader conversation regarding family preservation that has been taking place for over 20 years. The overall recommendation is to create an evidence-base and develop a theoretically-driven model to address the specific needs of the identified population the program is intended to serve, including a centralized focus on poverty and its relationship to maltreatment and placement risk.

Study Synopsis

This research project was requested by the Richmond City Department of Social Services (RDSS) to compare families who are able to provide care for their children and youth at home without experiencing abuse or neglect (with the support of the Child Protective Services [CPS] Ongoing services) to those who are unable to do so. Overall, this research was expected to contribute to the development of an understanding of the factors that affect families' caregiving capacities in the context of preventive programming and high risk for abuse and neglect. Also, this research was intended to identify factors that distinguish RDSS CPS Ongoing cases that experience removal and future maltreatment from those that do not in order to provide information about how services can be better directed to support families in caring for their children and youth. The purpose of the study is to inform or make suggestions for reform of the services provided to families at risk of out-of-home placement and maltreatment after case closure.

Some have argued that families have a right to provide care for their children and/or youth without interference from outside systems whenever possible (Karger & Stoesz, 1997). This, often politically conservative perspective could be twisted, however, to present child maltreatment risk and parenting as a social justice issue in that families who are experiencing *structural barriers* to being able to adequately care for their children and youth (e.g. poverty)

have a right to services to assist them in *maintaining custody* of their children. This is because many aspects of structural limitations on a family, like poverty, are not challenges a family is able to rectify without assistance. The politically conservative and politically liberal perspectives on this issue are closer than one might think. If poverty can be linked to poorer outcomes for families, and its underlying child maltreatment issues, it could be argued that the child welfare system has an obligation to address it to reduce the negative outcomes for children who have come to their attention, and to address it by assisting the family in caring for their own children instead of by intervening to remove the children.

This study examined families experiencing CPS Ongoing services, a Department of Social Services family preservation corollary in Richmond, VA, for a two-year period of services (entire case duration falling between 1/1/2006 and 1/1/2008) and a one-year or more follow up period (any case activity between each family's case closure and 1/1/2009). The goals of the project were to: (a) Identify the differential effect (if any) of categories of variables from different influential "locations" in families' ecological systems on families' outcomes (success, out-of-home placement during services, or subsequent maltreatment after services); (b) identify the most important factors that distinguish successful cases from cases that experience placement or subsequent maltreatment); (c) identify the moderating effect, if any, poverty has on parent characteristics with regard to family outcomes; and (d) identify the moderating effect, if any, type of maltreatment has on poverty with regard to family outcomes.

Data were collected from two management information systems used by the Commonwealth of Virginia to manage data regarding child welfare and other social services. Workers and supervisors enter information into the first (Online Automated Services Information System [OASIS]) and the second is maintained at the state level at Virginia Department of Social

Services (VDSS) (Data Warehouse). For this project, all child welfare and family-related information was collected by the researcher from OASIS, with the exception of financial and public assistance information for each family, which were collected from the Data Warehouse by the state and provided to the researcher. Data collection was comprised of three stages: orientation to RDSS CPS Ongoing services, sample selection, and collection of data for each variable.

A measure of poverty was created to determine the amount of financial need each family was experiencing, as evidenced by the amount of financial assistance they were awarded, and the benefit programs for which they were eligible. This “poverty index” was created using information from the entire population of families receiving services and representing mutually exclusive outcome groups in the selected two year period (N=154). Then, all placement families, all maltreatment families, and a random sample of successful families were collected to meet the sample size for appropriate power for a MANOVA procedure (a procedure closely related to discriminant function analysis [DFA]). Hierarchical DFA (HDFA) was conducted using the following categories of variables: (a) the poverty index variable (Environmental/context variables, first step); (b) the number of services provided to the family and the ratio of concrete services (to non-concrete) provided to the family (Agency variables, added in the second step); (c) history of out-of-home placement, chronicity of maltreatment, abuse risk score, and neglect risk score (Family variables, added in the third step); and (d) caretaker substance abuse, caretaker mental health, and family structure (Individual/caretaker variables, added in the fourth and final step). This set of analyses identified which types of variables are most important, and which variables distinguish most across the outcome groups.

Moderation analyses were then conducted to determine the role poverty played in the relationship between individual/caretaker characteristics, and the role type of maltreatment played in the relationship between poverty and case outcome. Moderation analyses were conducted using MANOVA and ANOVA tests on the variables: poverty, caretaker mental health, caretaker substance abuse, family structure, type of maltreatment, and case outcome (successful, out-of-home placement, or maltreatment after case closure).

Limitations of Study

This research project experienced some significant limitations in its design, analyses, procedures, and measures. While this study, like so many others in family preservation, suffered limitations due to the lack of a unified theoretical grounding for services and a lack of explicit link to theory with regard to expected outcomes of services, many of the limitations were the result of characteristics of the data that were collected for the study.

Overall. It is important to note that this research project was neither designed to have generalizability of its results, nor to inform family preservation programs in contexts other than RDSS. Some lessons can be learned from RDSS and its families in CPS Ongoing services that may be useful to administrators and researchers of other family preservation services, but one of the key recommendations is that family preservation services should be designed and guided by the specific needs of the population within which the services will be provided. The results of this study are applicable for the RDSS context, and the population of families it serves through its CPS Ongoing services.

This cross-sectional design focused only on a single measurement of data for families between 1/1/2006 and 1/1/2009. Research designs with a single measurement period (no retesting or repeat measurements) are not susceptible to the following threats to internal validity:

history, maturation, testing effects, instrumentation, and mortality (Campbell & Stanley, 1963) because the non-experimental design is not intended to identify *change* in a dependent variable due to any independent variable. However, because the participants were experiencing the service over the course of a two year period, it is important to note that events external to the family (history) and biological, psychological, and/or social development of members of the family (maturation) (Campbell & Stanley) over the course of their case may have influenced the family's outcomes and would need to be considered as potential alternative hypotheses in this research project.

Analysis, procedures, and design. Four major limitations to the design of this study are: (a) using the family as the unit of analysis, instead of focusing on child-level outcomes; (b) incomplete or inconsistent entry of information in administrative data for a secondary data analysis; (c) use of only one year as a follow up for maltreatment episodes after case closure; and (d) accuracy of outcome and independent variables (that may be affected by clients' residential relocation). A limitation of using the family as the unit of analysis is that it doesn't allow the researcher to collect more individual-related information. Without child-level information, the researcher is unable to investigate the role of specific child problems (e.g. significant medical needs or mental health concerns) that might place a family at greater risk of maltreatment.

The use of administrative data for a secondary data analysis limited the analysis and interpretation of results of this project. The type and quality of information available to RDSS for research is limited because many data fields in OASIS are not mandatory for workers to complete (e.g. health needs, race/ethnicity, and education of the parents). This presents a concern for the ability to reject alternative hypotheses in the analysis of the data as some relationships may exist among these unavailable variables and the outcomes for families. For those fields that

are not mandatory, not enough information is collected to be able to conduct powerful meaningful analyses of these factors.

This also means that important variables are not available because they are not fields workers' are required or are able to complete (e.g. family motivation, social support, income, benefits received). Information for each of these important variables may be obtainable through the hard-copy paper records and progress notes, but are not readily available through the administrative data. Even identifying potentially moderating relationships among variables was limited due to lack of availability of all potentially important information (e.g. family presenting problems, motivation, and social support). Additionally, some variables that *are* readily available need more information to be really meaningful (e.g. *type* of substance abuse, *severity* of mental health issues), and are less useful on their own in the form in which they are being collected, to determine underlying factors behind outcomes for CPS Ongoing Services.

Those data that are readily available are also subject to workers' and supervisors' interpretations of what is being asked. Caretaker substance abuse and mental health are completed by workers who may not have clinical training for assessment of these issues and the abuse and neglect risk scores can be completed to support workers' own perceptions of risk for the children in a family. In preparation for and throughout this research project, the researcher consulted with the data owner and workers and supervisors to ensure that the interpretation of the data collected was as close to the interpretation of the measure by the workers as possible. The researcher had multiple contacts with the data owner and agency staff to clarify the meaning of the data collected as intended by the system and by the administration of RDSS, respectively. The purpose of these discussions over the course of the research project was to ensure the greatest precision in measurement and the most accurate interpretation of the results.

The independent variable of family structure was particularly problematic in data collection and reflects threats to the project's internal validity. Given the information in the form it was available through OASIS, it was difficult to ascertain whether adults who were identified as caregivers lived in the home or out of the home. The researcher chose to circuitously record family structure as primary caregiving arrangement: who on each case was identified as a caregiver? The arrangement of primary caregivers was then recorded as family structure. For example, if the biological mother and maternal aunt of the child(ren) were recorded as caregivers in OASIS, it was recorded that the family had a "mother and other adult" family structure, without knowing whether one of these adults did not live in the home with the child(ren). Equally problematic is the conceptual definition of caregiver by the staff entering this information into OASIS: How is "caregiver" being defined, and why is it possible that a staff member can identify an adult as a caregiver without indicating whether that person lives in the home? This question of interpretation and lack of clarity could not be resolved prior to the analyses conducted in this project, and as a result, this variable was far less conceptually useful than originally intended.

Another potential limitation with respect to the variable of family structure is that it was conceptualized for this research project based on the literature, which indicated evidence for increasing positive influence in the following order: absent mother, no grandparent; absent mother, grandparent present; single mother; mother and other adult; mother and father. It is possible that this increasing positive order may not be appropriate for this population or for arrangements which may include caregivers identified as such who do not live in the home (if that were the case for any families included in this study), based on the definition of family structure by caregiver arrangement as used in this project.

The follow up period selected (from each case closure to 1/1/2009) allows the researcher to determine if another report with an assessment of high risk of maltreatment was made to RDSS for the family for at least one year after case closure. For some cases, this period might include up to two years or more after case closure, but for some cases (that may have closed towards the end of 2007), this may not be enough time to determine whether subsequent maltreatment occurred. It is possible that a family may have experienced a report and high risk assessment after even a two year follow up period, where the risk factors the family experienced at the time of maltreatment may have been the same risk factors that initiated their involvement with CPS Ongoing during the original target time period.

The outcome measure and measure of chronicity of maltreatment have important conceptual limitations. The use of family assessments instead of investigations has led RDSS to move away from substantiating abuse and neglect for families in which the problems are not severe. As such, families that had reports in the past may or may not have actually experienced maltreatment (as could be substantiated), so the chronicity of maltreatment measure may actually be one of visibility to the child welfare system (geographical location, contact with mandated reporters) more than actual history of abusing or neglecting children. Families classified as having experienced maltreatment after case closure are subject to the same limitation. What is actually being measured is the fact that the family had a subsequent *report* and greater than low risk for abuse and neglect, which itself may not be reliable from worker to worker or family to family. Also, families that were classified as not having experienced maltreatment after case closure may have actually experienced this outcome unbeknownst to RDSS, by moving to another location outside of the jurisdiction of the agency. This is also true for the variable of history of placement, for which families were only recorded as having a history of placement if

they experienced foster care with the *same case number* with RDSS prior to their episode with CPS Ongoing. Families recorded as not having had a history of placement may have experienced foster care in another location (or in Richmond but recorded under another case number) prior to their services with RDSS.

The type of maltreatment the family was experiencing was determined by the abuse and neglect risk scores from the workers' SDM risk assessments, which are not standardized to all populations that may be assessed. This research project did not further divide type of maltreatment by abuse and neglect subcategories (specifically physical abuse, sexual abuse, emotional abuse, physical neglect, and medical neglect). The researcher argued in the design of this study that abuse may be influenced by very different underlying conditions than neglect, but this project failed to identify how each subcategory may be conceptually different from one another. For example, sexual abuse cases may experience vastly different outcomes and characteristics than medical neglect cases; where the differences between overall abuse cases and overall neglect cases may not be as stark. Additionally, the lack of standardization of SDM assessment tools may lead to their inability to perceive variation in risk that potentially presents differently for populations with different characteristics. The SDM assessment tools are not sufficient sources from which the experiences of different types of maltreatment can be explored.

Conceptual model and analysis. This study was subject to three major limitations regarding analysis and results: (a) The grouping of variables together without analyzing relationships among them with regard to analysis, (b) limitations of DFA, and (c) outliers and non-normal distributions that caused the data to violate the assumptions of the statistical analyses selected. In the HDFA, the researcher entered blocks of variables together for each step (agency factors, family factors, and individual/caretaker factors). This limits the researcher's ability to

pinpoint specific interactions among variables within blocks. For example, abuse risk score and chronicity of maltreatment may be related to one another, and affect the outcome differently when together than if separate. The inclusion of more post-hoc analyses may have been more informative to understand any relationships among the variables within blocks, which may have given a clearer picture on the mechanisms by which these variables are affecting the outcomes for families. It could also be argued that a different structure by which to examine these levels of variables should be used to determine their relationships to each other and the outcome variable: A logistic regression with a larger sample where all of the variables are entered together and exponentiated betas indicate each variable's relative importance might be a useful follow-up to this study.

The data for both the factor analysis to determine the poverty index score and the HDFA had outliers and non-normal distributions, which places limitations on the analysis and results and must be noted. Additionally, for the HDFA, group sizes weren't perfectly equal (11 cases experiencing out-of-home placement, 15 cases experiencing maltreatment after case closure, and 25 "successful" cases). DFA is not expected to be substantially negatively affected by violations of the assumptions of normality (Stevens, 1996), however, the results of this analysis should be interpreted cautiously as non-normal distributions appear to have also resulted in some violations of the assumptions of linearity which are more problematic.

Important and Significant Findings

Poverty accounted for the most variance directly with case outcomes, followed by family factors, agency factors, and individual/caretaker characteristics. The amount of financial assistance a family received (an indicator of a family's poverty) accounted for the most variance in case outcome. Family factors (history of placement, chronicity of maltreatment, and abuse and

neglect score) accounted for a large amount of variance above and beyond poverty's role. The number and concrete ratio of services accounted for nearly the same amount of variance as family factors, slightly less than poverty. The percentage of variance explained by individual/caretaker factors was about half of that explained by agency factors.

This order of importance was expected with the exception of poverty, which was not hypothesized to directly explain a large amount of variance, with an argument that it operates through the agency, family, and individual/caretaker factors to influence outcome. The fact that poverty directly accounts for a large amount of variance in the outcome suggests that the role of poverty is even more important than had been expected based on previous research and theory. The overall importance of family characteristics does not indicate that the family unit behaviors or characteristics are necessarily "to blame" for poor outcomes, but instead speaks to the importance of families' historical contexts and experiences with parenting and the child welfare system in "predicting" outcomes.

The last step of the HDFA (which included all variables from all levels of the families' ecological systems) did not yield any statistically significant results. The third step yielded results that indicated one function was significant, which supports the hypothesis that the independent variables included in the model have some ability to distinguish among the groups of successful, placement, and maltreatment families. The variables with the greatest (and statistically significant) ability to distinguish among the groups were: poverty, proportion of concrete services, and history of placement. This function was named "fundamentals-based variables." On these characteristics, successful cases and placement cases loaded moderately and negatively and maltreatment cases had a large, positive loading. This suggests that placement cases share many characteristics with successful cases, and maltreatment cases differ from the

other two. This is contrary to the overall expectation of this project, that placement cases would share many characteristics with maltreatment cases and successful cases would differ from the other two.

This unexpected result that placement and successful cases look similar and maltreatment cases look different may be because families that complete services but have maltreatment concerns later have different needs than those that experience a situation that would require placement of their children into foster care during services. This may imply, also, that successful and out-of-home placement cases received services that met their overall immediate needs better. Another potential reason for this result is that the decision to remove a child from a family to foster care during services (the result of a subjective, individually applied, process based on worker and supervisor assessment) is less reliable and therefore less consistently linked to family or context factors across cases than the outcome of subsequent maltreatment, which is defined by a more objective measure based on subsequent reports and a high risk of abuse or neglect.

Maltreatment cases look different from successful and placement cases on poverty, concrete services, and history of placement. The results indicate that maltreatment cases (unsuccessful outcome) were more likely to have greater poverty, greater concrete services, and less likely to have a history of placement. Both successful and placement cases were more likely to have lesser poverty, lower proportions of concrete services, and were more likely to experience a history of placement. Scores for the successful and maltreatment groups were the furthest apart, with placement group scores between them.

The importance of, and implications that can be drawn from, poverty to outcomes must be interpreted cautiously given the limitations of the measure that have already been mentioned. Also, it is important to note that the families receiving services from CPS Ongoing are likely to

have greater financial needs than the average family, as it is common for poverty to co-occur with child welfare risk (Coulton, Korbin, Su, & Chow, 1995; Gelles, 1992; Jones & McCurdy, 1992; Pelton, 1994), and the rates of child poverty in Richmond, VA are high (Kisor & Hearn, 2008). What this suggests is that the families who had “no poverty” in this sample may still be experiencing financial need, just at less severity than those who had high poverty scores. Those with “low poverty” are most likely experiencing less poverty among a sample of economically disadvantaged families. Those families receiving little to no financial assistance (indicating lesser poverty in this sample) were more likely to be in the successful or placement groups.

These results may indicate that the families with little to no financial assistance had fewer deep-seated problems, and that the agency and community resources were better equipped to meet the needs of families experiencing lesser poverty. They might also suggest that the challenges faced by those families who experience out-of-home placement during services are less related to their financial needs than other concerns the family may have. Overall, these results seem to suggest that cases that experience case closure and then subsequent maltreatment are distinguished from other outcomes by the greater degree of poverty they are experiencing, which suggests that poverty needs to be ameliorated for these families in order for them to have a greater likelihood of a different outcome.

The importance and implications of the role of concrete services in “predicting” outcome should also be interpreted cautiously, given the limitations on the measure of concrete services that have already been mentioned. All groups of families experienced relatively low numbers of services overall (a range of zero to five) and low proportions of concrete services (a mean of 0.08 with a range of 0.00 to 1.00, defined by the number of concrete services divided by the total number of services). The number of services and types of services to be provided are determined

directly by the worker for the family. It is possible that concrete services were not applied often, applied inconsistently from worker to worker, and were ineffective for placement and maltreatment cases, who received negative outcomes despite receiving a larger proportion of concrete services.

It is not counterintuitive that the group with the greatest financial need (maltreatment group) would receive the most concrete services (which was the case with these results). What it may suggest is that the concrete services that were provided to the family were not appropriate to the families' material need, or were not enough to alleviate the poverty the family may have been experiencing. Additionally, it is possible that receipt of a greater proportion of concrete services created "service fatigue" for these families, compromising the effectiveness of the services provided (A. Kisor, personal communication, March 19, 2010). The ideal results would be to see that successful cases with high financial need would have received the greatest concrete services, indicating that those services were effective. Instead a greater proportion of concrete services may actually be associated with greater needs too difficult to be met with the services available and therefore still result in negative outcomes.

The results of this project do not follow the expected pattern that families with a history of placement would have been identified as more likely to experience another placement. A history of placement was expected to distinguish cases, but did so in the opposite direction: successful cases were more likely to have experienced out-of-home placement prior to services with RDSS, and the placement group was the least likely to have experienced past placement. Families experiencing maltreatment after services were expected to have a history of placement but were less likely to have placement history than successful cases.

The reason for families with a history of placement to be experiencing avoidance of recidivism may be a result of family or agency behavior (or a combination). Perhaps the needs of those families with a history of placement are easier to identify. It may be that families that have experienced placement and reunification were able to succeed at improving their circumstances (where placement was a tool to benefit the family in the past), but had remaining needs for change and a future involvement with CPS Ongoing provided them with what they needed to complete their success. Another possibility is that their experience in the system may have led them to be better equipped to work with CPS Ongoing to prevent placement, and more knowledgeable regarding the procedures of child welfare services, in order to better navigate the system to their advantage. As far as the agency's role in this result, perhaps there is a resistance on the part of the worker/supervisor to place children who have a history of placement, on principle (to avoid re-traumatizing the child) or because foster care recidivism is a program performance measure, the incidence of which the agency must keep low for federal guidelines and funding.

Some important, statistically non-significant findings were: (a) Cases experiencing maltreatment after case closure had the least incidence of caretaker mental health, (b) Cases experiencing placement during services had the least positive family structure, and (c) No individual/caretaker factor's effect on case outcome was moderated by the presence of different levels of poverty. It is important to note that, as detailed in the limitations section of this chapter, caretaker mental health and family structure were not measured consistently, accurately, or adequately to be expected to yield reliable, accurate results. Generally, the successful families (with a greater incidence of caretaker mental health problems) had a lower ratio of concrete services provided, which might indicate that the types of services provided were mental health

treatment and other types of services appropriate to mental health needs, and were accurately targeted and effective, supporting successful outcomes.

Little to no information can be gathered from analyses of the family structure variable, the limitations of which have been detailed earlier in this chapter. Further study of family structure and its relationship to outcomes (if any) would be necessary to ensure this result is accurate before an interpretation could be made. The finding that no moderation of case outcome by poverty for individual/caretaker characteristics may be a result of the low frequency of caretaker mental health problems (n=8) and caretaker substance abuse (n=12) in the sample, or it may indicate that poverty does not operate *through* caretaker characteristics as was previously hypothesized in this project. In conjunction with the finding that poverty directly explains a large amount of variance in case outcome, the absence of moderation may accurately reflect the mechanisms by which poverty affects maltreatment and placement risk.

The overall results indicate that poverty, agency, and family factors all significantly distinguish among the outcome groups (theoretically directly and interactively with one another) and indicate an important role of poverty, the provision of concrete services, and family history of placement in outcomes. If services are capable of addressing each of these issues directly (decreasing the range of poverty scores, improving effectiveness of concrete service provision, and reducing rates of placement for families), it is possible that the results might show a better ability of these variables to distinguish among groups and help the agency to target services more appropriately/effectively. The intended outcome of such broad-sweeping improvements would be to reduce placement during CPS Ongoing services and maltreatment after case closure. Some recommendations are presented below based on the results of this study and the state of literature and research in the field of family preservation.

Implications and Recommendations

Only 26 families experiencing CPS Ongoing services for this project's two year period had a case outcome of out-of-home placement or maltreatment after case closure. Of all of the families eligible to have been included in this study, 128 experienced successful case closures (without subsequent report of maltreatment). This composition of outcomes may suggest that CPS Ongoing services are not as ineffective as the agency administration had thought at the start of this research project. It might also suggest that the families who are being served by CPS Ongoing services were not experiencing high risk of placement and maltreatment, and therefore it would have been expected that they would successfully complete services and not experience less desirable outcomes. RDSS does not use a placement risk assessment tool, and while the initial risk score assigned to each family by the SDM Risk Assessment Tool measures risk of maltreatment, it does not definitively predict maltreatment incidence. Depending on how and how well those risks are mitigated, a family's likelihood of maltreating could change very soon after those risk scores were assessed.

RDSS is interested in improving CPS Ongoing services to best meet the needs of its families and promote positive outcomes regarding the goals of placement and maltreatment prevention. The implications noted above might suggest that it might be harder to tell by looking at a family's contexts and characteristics whether they will experience placement (because these families share many characteristic and contextual factors with those families that experience successful case closure), but is easier to "predict" a family's likelihood of maltreatment in the future, by the degree of poverty the family may be experiencing. This is because cases that experienced maltreatment after case closure were distinctively differentiated from cases that

experienced successful case closure or out-of-home placement by the degree of poverty identified for those cases.

What follow here are recommendations for local and broader policy, practice for RDSS, research, and social work education. These recommendations are presented using Guba's (1984) framework for policy analysis, as a reminder that the underlying foundation of policy influences the many components of family preservation-informed services locally, by state, and nationally. Recommendations have been made for policy-in-intention, policy-in-implementation (RDSS practice), and policy-in-experience (RDSS practice).

Recommendations for policy-in-intention. It has been argued that policy guiding and promoting family preservation (maltreatment and placement prevention services) has been established on political and ideological bases, and does not provide proper guidance or support for effective service provision (Kelly & Blythe, 2000). Researchers and practitioners have noted that "family preservation" may mean different things in different contexts (e.g. child behavioral problems, juvenile justice involvement, child abuse and neglect) and represents a wide array of goals and specific services (CWIG, 2007b). These two perspectives suggest that the first recommendation to policy should be to re-establish a non-political (evidence-based) foundation for policy, which may have the potential to lead to clearer, more evaluable programming.

Such "new" policy should be developed on a foundation of evidence for a specific problem with regard to the needs of families at risk of out-of-home placement and maltreatment, which may lead policy-makers to develop separate policy for the preservation of families in the face of different concerns (e.g. need for out-of-home placement due to child behavioral problems versus need for out-of-home placement due to parents' lack of resources to meet child needs). This different foundation for policy and procedures would involve identifying the problem in the

target population, then implementing an intervention to improve the problem with the target population, and then evaluating the outcomes for the population. Direction of services with families should start with an assessment of what the needs are in the population, what is required to address those concerns, and when and how intervention should occur.

Foster care-related policy should also do more to promote the improvement of foster care resources and support for kinship care for those situations in which out-of-home placement may be most appropriate for the family, as a support to family preservation. Some have argued that out-of-home care (shared family care, kinship care) can be a valuable tool to services with an ultimate goal of keeping families together (Brydon, 2004; Danzy & Jackson, 1997; Forsythe, 1989; Scannapieco & Jackson, 1996). Any policy that requires an improvement in the quality of care provided by foster parents, and increase in the number of foster parents available for children, and/or greater support and resources for kinship care arrangements may also strengthen family preservation programming to meet families' needs in those situations for which immediate out-of-home placement for families cannot be avoided. This foster care policy should also promote and support family connectedness by increasing resources and requirements of birth family involvement in the caregiving of children in out-of-home care (Forsythe). An alternative option would be emergency respite services for families in crisis, where children may stay for short-term care to defuse crises and quickly stabilize families while ensuring safety of the children.

Policy in family preservation and foster care should also promote staff development for family preservation and foster care workers, enforce best-practices regarding caseloads, provide incentives for improved service provision, and increase the resources available to workers. This includes incentivizing development of community resources available to workers with which to

partner and support the families they serve. Agency culture and practice should engender trust and support among the workers toward the administration, and among the administration toward the workers. Better trained and prepared staff with more resources available to them may contribute greater competency and better services to the families at risk of placement and maltreatment.

Each of these policy recommendations should be enacted at local levels, informed by the needs of the populations being served, and specifically geared toward the context in which they are being served. Gelles (1993) has recommended a child-centered policy that deliberately matches services to the needs of children and youth rather than an all-encompassing family preservation policy and movement. This may require a shift toward other, long-term goals of services (such as child well being evidenced by educational and employment success in the future) instead of the short-term focus of placement.

With respect to the role of poverty in child abuse and neglect and family preservation, structural economic changes (e.g. a living wage, job creation and support, housing improvement) may improve family functioning directly and alleviate maltreatment issues that are related to a lack of financial resources (Dore, 1993; Fanshel et al., 1992; Fernandez, 2007; Lindsey, 2004). Overall community strengthening (development of more community resources and supports and improvements in the environments in which families live) is also needed to support families before crises in their caregiving erupt. What is being recommended here is a shift in ideological priorities to the protecting the rights of parents and society in a way that will benefit children. This would provide families with greater social and material support, potentially alleviating poverty-related parenting concerns and improving families' abilities to recover from crises more

quickly and effectively, which itself could be expected to reduce the rates of child abuse and neglect.

Recommendations for policy-in-implementation (at RDSS). The background for and results of this research project can be interpreted to suggest that RDSS develop its own evidence-based practice (as opposed to adopting an existing family preservation model) around preventing foster care placement and maltreatment of children in at-risk families. This would be beneficial to RDSS because it would improve targeting of services individualized to the population being served, and allow the agency to measure outcomes that are linked to those services and needs identified. A new model of evidence-based services should be developed in a way that is grounded in the needs of the population being served and would require foundational improvements in the agency's research capacity.

Recommendations for RDSS based on the process and results of this project are to: (1) Improve and extend data collection by workers and supervisors; (2) Conduct a “needs assessment” for all families in CPS Ongoing services; (3) Conduct a process evaluation of CPS Ongoing services; (4) Reconsider the role of out-of-home placement in RDSS preventive efforts; (5) Develop a theory-based, population-informed model of services; and (6) Enhance and extend training to CPS Ongoing workers. Once a model is in place and the consistency of services and data collection have been ensured, regular outcome evaluations of the program can be conducted, and should include both short-term outcomes (e.g. preventing maltreatment) and long-term outcomes of well-being (e.g. educational, health, and employment of parents and children).

Recommendation 1: Improve and extend data collection. The first recommendation based on this research is to improve the quality and quantity of information collected by workers and supervisors in the course of their work with families, to provide clearer, more informative

data from which the agency can learn and draw conclusions regarding service provision. Currently, the quality and amount of data collected in the course of providing services is limited (particularly in situations where the information is not mandatory for federal reporting). RDSS could benefit significantly from identifying those components from which it could learn the most regarding the likelihood of relationships of the information to services and outcomes, and ensure that this information is captured accurately and consistently from worker to worker. For example, family characteristics that are arguably necessary to assessing need and providing services (income, benefits, social support, resources available) would only be usable if they were required to be collected in a way that they can be used later to understand families' needs. One way to accomplish this might be to make related fields mandatory in OASIS, requiring all workers to complete them and training the workers on how to complete these fields accurately and consistently. It may be difficult to institute and maintain a practice change that requires greater documentation of cases given the caseloads and amount of work already conducted by case workers, but this information is necessary to the development and evaluation of effective services.

This recommendation is part of a “bigger picture” encouragement of RDSS to continue to develop as a research institution, with the assistance of the established Casey Family Programs framework of Managing by Data. In foster care services at RDSS, importance has been placed and communicated among workers on the data they collect regarding the children they serve. Decisions regarding how well services are meeting process and outcome goals are based on the data collected by workers, which are widely available and visible. The same emphasis should be placed on CPS Ongoing (and all CPS services) data and information.

The perspective and processes of the Casey Family Programs “Managing by Data” have developed a strong foundation at RDSS on which future research might be more easily justified and conducted without resistance at any level of the agency staff. The efforts at the VDSS level to transform child welfare services (VDSS, 2008) is further justification for RDSS to become as familiar as possible with the collection of data regarding its families and cases. In addition, the state has made available more intuitive tools (e.g. SafeMeasures) that will be useful to the agency, but may require an even stronger partnership with RDSS to ensure that the information in which RDSS is interested is accessible through these tools. Currently, the practice of using data to continue monitoring and evaluating services to clients is strong for foster care and may simply need to be extended to CPS, CPS Ongoing, and Family Stabilization services. To bolster the use of data-informed management, staff salary and performance evaluation could be based in part on what the data indicate with respect to workers’, supervisors’ and units’ effectiveness in meeting the goals of the program. This has the potential to link the performance of the program to the performance of each staff person and might establish “buy-in” or a sense of responsibility for outcomes as measured by the agency.

The administrative research capacity of the agency is directly affected by its access to and ease of use of families’ information in the statewide collection of data known as ROASIS. This large collection of tables of data is the raw form of all information entered into various pages of the OASIS production by workers and supervisors. RDSS has established a pathway of access to these data, but the datasets are unwieldy and not intuitive with respect to how information can be meaningfully and accurately extracted to answer research questions. Additionally, this project identified a limitation in the detail and types of information being collected by OASIS.

One potential solution to these problems may be in-service training with VDSS staff who are intimately familiar with this collection of data on how to use it (in order for RDSS to be able to conduct its own investigations into the effectiveness of services). Prior to its direct access to these data, RDSS was required to send a request to the state level, at which the staff compiled the information and sent it to RDSS staff after a long waiting period. If RDSS intends to continue research activity to guide practice, an in-depth type of orientation and training of RDSS research and evaluation staff could reduce the load for the staff at VDSS who respond to data requests. This would greatly benefit RDSS, as it would allow them to get quicker answers to research questions and to more swiftly address practice concerns.

It may be the case that gaining the kind of intimate knowledge of ROASIS that is necessary for using it for effective research and evaluation at RDSS is difficult or impossible given the degree to which the Commonwealth of Virginia is protective of these data. If that is the case, an alternative option for improving the use of data for outcomes and process evaluation would be to select and implement a new, additional management information system to collect information for this purpose (to improve and monitor CPS Ongoing services). If this type of acquisition is not possible for RDSS given the limitations and challenges of capital and staff resources, a third alternative is available. OASIS is a management information system that includes many more fields and pages than are enabled or available to local DSS agencies for collection of data. RDSS could request that VDSS enable fields in OASIS that are currently disabled to give RDSS a place to collect the higher-quality data needed for effective evaluation of CPS Ongoing services.

Recommendation 2: Conduct a “needs assessment” for all families in CPS Ongoing services. At RDSS, those families that experience placement are not very different than

successful families with respect to the variables included in this study. This does not necessarily mean that they are the same as one another, as they may differ with respect to other variables not included in this analysis. For example, these families may be very different from one another regarding the number of children each has, the specific needs of each child, and/or the degree of parent motivation to change that is present. A more detailed understanding of families' characteristics is necessary to understanding their needs and ability to benefit from services.

Parents' education level, employment status, social support, and sense of self-efficacy may interact with services differently and influence different outcomes, but it would be impossible to identify such a relationship without knowing these characteristics of families. Relatedly, cultural competence and disparities in services for families of different racial and ethnic backgrounds cannot be evaluated or identified without knowing more about the families' racial and ethnic composition, including cultural factors that may affect parenting practices. Currently, race and ethnicity are not even reliably recorded for parents, and it was not possible to include this variable in the analysis for this research project.

Taking the step of conducting a needs assessment of the families who experience (or might experience) CPS Ongoing is the opportunity to adequately understand and document the poverty-related complications families experience that affect their ability to care for their children. If the families that experience the greatest poverty have outcomes of maltreatment after case closure (as the results of this project have identified), it is compulsory that RDSS investigate how poverty affects these families, including what the underlying conditions may be, to know what these families need. This includes an analysis of how the city of Richmond may improve the services available for these families and the community contexts for under-resourced families within its city limits. The culture of poverty and its impact on individual and family well-being

suggest an interactive nature of the “causes” and effects of poverty. In order to effectively serve the population of low-resourced (or no-resourced) families at risk of maltreating children, an assessment must be conducted to know what they need and how to effectively create self-sufficiency with them.

Recommendation 3: Conduct a process evaluation. Another alternative explanation for the results that families experiencing placement look like families that are successful is that CPS Ongoing services families are not receiving consistent, needs-based services, causing it to be less predictable when a family will experience placement versus success. The fact that a single or combination of variables doesn’t predict placement could suggest that placement is not an outcome applied consistently. It may be important for RDSS to evaluate its decision-making process around out-of-home placement for families in CPS Ongoing services.

RDSS CPS Ongoing services are provided with an implicit goal of increasing self-sufficiency of the families it serves. In order to truly promote self-sufficiency, each family’s strengths and challenges must be understood and engaged in intervention. The results of this research project indicate that the agency provides few services to each family and makes little use of concrete services and structural interventions/assistance for families with financial need. This reflects lesser attention on the part of the agency to contextual factors like poverty for the families at risk of maltreating their children who have come to the attention of RDSS. One potential way to boost the overall number of services provided to families is to include other partners (e.g. community resources, schools, medical systems) in providing services to families, for a more systemic-level intervention for each family receiving services. Agencies, organizations, and groups with which RDSS does not currently have contractual relationships (such as smaller local religious groups or businesses that show involvement in the community)

should be explored as partners able to provide the community supports families may need to develop self-sufficiency and address poverty. It is possible that those families that experienced successful case closure may have had the support of informal non-contractual community services.

In the field of family preservation as a whole, workers themselves have identified that family preservation programming lacks the kind of support they need to do their jobs, particularly around information and collaboration with other agencies and within the agencies in which they operate (Hilbert et al., 2000; Maccio et al., 2003). Workers have reported limitations on their ability to effectively protect children, the time they were able spend with the family, the numbers of families they could (and alternatively were required to) serve, and a lack of explicit linkages to theoretical grounding and guidance for actual services (Hilbert et al.; Maccio et al.). Workers' perceptions of the families they serve and their prioritization of goals toward which the family will work have also been identified as important (Bitonti, 2002). If workers were to focus on those goals that are achievable quickly, it might engender hope in the parent and family as success is evident more quickly, encouraging their continued success. Families' problems need assessment, prioritizing, and partnering between the worker, family, *and other service providers* to provide quick solutions to families' problems. This may mean that "thinking outside of the box" with respect to community partnerships could also relieve the pressure on, and improve the effectiveness of, RDSS staff.

The components of (a) more instrumental family support (more intensive family preservation), (b) collaboration of community service providers in many arenas (for example, financial support and housing), and (c) strong family-worker relationships are important to the process of providing services to at-risk families (Berry, 2001). RDSS might improve CPS

Ongoing services by developing staff and services to directly provide the services that are usually referred out, with consultation and collaboration with community providers. This might require a larger practice change of reducing caseloads or inviting community partners in to the agency to work alongside staff at the office and in the homes of the families, but could benefit families in the long-run by providing consistently effective services. Inviting community partners to work with the agency may be a less-expensive alternative to hiring new staff members, with the same or similar benefits of hiring new staff.

Another important role of process evaluation would be to assist RDSS in determining patterns across workers in how each provides services to families, and how each determines outcomes for families. This could be especially useful for the services being provided currently, as there is no established model to guide workers through provision of services to families with specific needs. The agency could benefit from evaluating the patterns of placement and maltreatment cases for the workers assigned as part of developing a new model of practice based on identification of needs grounded in the current structure of services. It may illuminate for RDSS whether certain workers have greater rates of out-of-home placement (identifying patterns in decision-making processes) or whether certain workers have patterns of particular constellations of services (identifying more successful or less successful use of community resources and meeting families' needs).

As important as looking at families' case outcomes is looking at the more proximal goals of workers' actions with families. As part of the in-depth orientation to services, administrators at RDSS expressed to the researcher that the assessment, creation, and building of formal and informal supports for families to help them to function on their own as an important goal and function of CPS Ongoing services. A process evaluation could serve to identify those practices

by workers that are increasing families' senses of self-sufficiency and actual improvements in functioning.

Recommendation 4: Reconsider the role of out-of-home placement. Out-of-home placement may have positive uses and effects for work intended to prevent maltreatment of children in at-risk families. There are a number of arguments that might promote the use of short-term out-of-home placement of children while maintaining family connectedness as tools for quality outcomes for families (Brydon, 2004; Forsythe 1989). On the service provision side, out-of-home placement may have the potential to reduce worker fears and trepidation regarding leaving children in unsafe situations and may liberate them to work with the family toward mitigating risks and improving functioning more effectively without worry/preoccupation with safety. It has also been argued that kinship care, specifically, is a culturally relevant family preservation practice, maintaining the child within his or her own extended family (Danzky & Jackson, 1997; Scannapieco & Jackson, 1996).

When placement would be used as a tool for family preservation services, permanence for the child is a concern. Concurrent planning must be performed as well in order to establish a quick transition to permanence should a family of origin be unable to improve its functioning adequately enough to mitigate maltreatment risk and meet the needs of the child. If kinship care with sufficient attention to family connectedness is the method by which care is given, the child may experience fewer threats to permanence. An alternative to ensuring permanence with placement is for the placement to be defined, short-term with the intention of immediate reunification for the troubled family, where appropriate.

The use of high quality foster care services with significant birth parent involvement could make foster care a less undesirable option – less damaging and traumatic – but would

potentially require a significant re-visioning of foster care and family preservation practices at RDSS. An understanding of the population's needs and severity of risk is necessary to determine for RDSS, specifically, if foster care can be used as a positive tool to allow workers and families the greatest opportunity for improvement of functioning and overall success.

If a shift is not made in RDSS practice regarding the use of foster care as a tool for family preservation, then the agency will need more consistent and measureable assessment of risk of placement to determine which families are actually likely to experience placement before services are provided in order to determine if placement is being effectively prevented. Without knowing the actual risk of *placement* a family is experiencing before services are provided, it is impossible to determine whether a family is successful based on whether or not they experienced out-of-home placement during services. One resource that RDSS may be able to use to increase the knowledge of family risk at the time of referral for CPS Ongoing services is the Team Decision Making (TDM) model of making placement decisions. Group approaches to making case decisions have been identified as important tools in family preservation, particularly Family Group Decision Making (FGDM) (Burford, et al., 1996). TDM is quite different in some ways from FGDM (Annie E. Casey Foundation, 2009), but a modification of it or a different group approach could be used prior to the need for placement decisions, as a tool upon entry of families into CPS Ongoing services. This group model may be a good way to assess family needs, child(ren)'s needs, resources available, and how likely the family is to not mitigate risks and require out-of-home placement for its children.

Recommendation 5: Develop a theory-based, local-evidence-based model of services.

Based on the information collected about the presenting needs of families in CPS Ongoing services at RDSS, services that have been applied to adequately meet families' needs, and the

role placement may play in benefiting families at risk, RDSS may then develop a practice model that best meets the needs of families at risk of maltreating their children. These prior steps lay the groundwork for services that will be most relevant and precisely targeted to the needs of the population being served, as opposed to services implemented on ideological bases. This model of services should be developed to meet the needs assessed, with a theoretical framework (for example, cognitive-behavioral and social learning theories). A theoretical framework will allow the agency to deliberately determine which services would be appropriate to provide to families with differing need by operationalizing family needs, the goals for families' improvement (e.g. by improving family functioning or reducing risk), and the goals of the program (for short-term and long-term outcomes for the family).

Input and guidance from engaged front-line staff would be valuable for this stage of the process, as it is the CPS Ongoing workers who will be implementing the model with families on an individual basis. RDSS could invite CPS Ongoing workers in to inform the design of the model, evaluate the model once it has been developed, and begin to communicate the purpose and process of the model to other front-line staff across the agency. A model of services developed based on the needs of the families to be served and informed by theory could assist the agency in more appropriately targeting services to the families whose needs are greatest and whose concerns can best be met by the program, ensuring that resources are used most efficiently and not wasted (e.g. in circumstances where the most appropriate goals for the family may not necessarily be placement prevention).

Recommendation 6: Train CPS Ongoing workers. Once an evidence-based theory-driven model has been developed for RDSS CPS Ongoing services, training CPS Ongoing (as well as other CPS and Foster Care) workers and supervisors will be necessary to ensure that their

service provision follows the model that has been developed. The best way to ensure that a model of services is effective is to first ensure that it is being applied to the target population consistently. To ensure that a meaningful outcomes evaluation is possible once the model has been implemented, workers and supervisors should also be trained in the data collection process and the required information for evaluation of services. Key components of the training should address the key tasks identified in the model: needs assessment for the family, family engagement, service planning, service provision, and data collection. The goals of such training would be to: (a) Familiarize workers with the process, decision-making tasks, and desired outcomes of the model; (b) Familiarize workers with the information that will be used to determine whether the model is effective and how it is collected; and (c) Continue to engender support and “buy-in” for the model at the front-line staff level to ensure its effective and consistent implementation.

Recommendations regarding policy-in-experience. Anecdotal evidence in the field seems to suggest that once custody is removed from family of origin, work with the family of origin decreases in frequency and tenacity. If the recommendation to reconsider the role that placement might be able to play in family preservation services were accepted, it might be *necessary* to also change the way the system works with birth parents once a child is removed from the home. For RDSS, specifically, the use of TDM for placement decisions could be the important first step, and may simply require a *continuation* of involvement of the birth family in case decisions and service provision. Furthermore, to engage families more quickly and ensure that their needs are being met, RDSS could use TDM or another group decision making model for CPS Ongoing cases before a placement decision is needed, to identify family service needs. One of the implicit goals of CPS Ongoing services at RDSS is to support families to help them

make their own decisions and become empowered parents and members of the community. Involving parents in the TDM process at the start of services might also work toward this goal.

RDSS also needs a greater push for kinship caregivers with incentives, supports, and family of origin involvement. RDSS does not currently use kinship care placements to their full potential, with few kinship care arrangements being made overall. If RDSS encourages family members to be involved in CPS Ongoing cases where out-of-home placement is necessary, it may be easier for the family to experience reunification and improvement in functioning (Brydon, 2004; Forsythe, 1989). Kinship care has been identified as an important, culturally competent option for families of color, particularly African American families (Danzy & Jackson, 1997; Scannapieco & Jackson, 1996). The vast majority of families who RDSS serves is African American, and not using kinship care to its full potential may be a concern regarding providing culturally-appropriate services. For families of all race and ethnic backgrounds, the identification and inclusion of family members who are stable and able to navigate the social systems in which the families function may benefit the family in a way that improves the family's functioning in the least intrusive and least restrictive way.

One vital component of best services with families at risk of maltreating their children is relationship and rapport-building as evidenced by trust and openness between workers and families (Berry, 2001). Additionally, a necessary piece of the puzzle is the family's perception of the problem and providing services that simultaneously meet the needs the family has identified as most concerning as well as ensuring that the children in the home are safe. These are components that should be incorporated into any policy and practice changes at any level.

Recommendations for research. While being careful not to blame the child for maltreatment issues, child problems need to be included in evaluations of placement and

maltreatment prevention programs because they have a direct bearing on the services a family needs (particularly if the maltreatment or placement risk is the result of a child-related problem, such as a medical need or behavioral concern). Previous research has suggested that child behavior problems present with a lower income have been associated with an increased risk of subsequent maltreatment (Coleman, 1995). Further investigation is needed to determine whether the subsequent maltreatment was abuse or neglect, which might have implications for whether the provision of material resources would mitigate the risk of maltreatment for those families.

It appears to be less useful to study all families receiving family preservation services as a single group, and might be more beneficial to do further research that divides the group of families into “presenting problem” (e.g. child behavior problem versus inadequate supervision of the child) and underlying conditions (e.g. child mental health problems versus lack of child care resources). If each “type” of family is viewed individually, it allows the researcher and service provider to compare each “type” to the others. It can help the service provider to determine if there are types of cases for which family preservation services are more effective and determine how family preservation services can address the needs of all families and their concerns. Should the result be that there are no differences across “types” of families, then and only then can the population be treated as a whole when determining which services are appropriate and for whom services are effective.

When the purpose of the research is to determine what may be different for those cases that experienced placement from those that experienced maltreatment, it is important to look at the “precipitating event” or reason for out-of-home placement for those cases that experienced it. If the reason for out-of-home placement is an unsafe environment due to maltreatment or risk of maltreatment, the family might be expected to “look” more like a family that experienced

maltreatment after case closure, as it is a family that experienced maltreatment during the provision of services. This recommendation dovetails with the service provision recommendation that the desired outcomes of families must be well-defined, precisely targeted to family need. Additionally, focusing on outcomes that reflect improvements in family functioning (short-term and long-term) would allow a researcher additional, more clearly positive, indicators of success for families, such as long-term child educational and employment outcomes, family functioning in adulthood, or reduction of child maltreatment by those who had been maltreated as children.

One important distinction that exists in family preservation services but has not been addressed here in this research project is that some families are mandated to receive services, and others are voluntarily participating in services. Further research should compare these two circumstances to determine if family needs and the results of services are different. For example, it might be expected that those families mandated to services (by the legal system) begin services with higher rates of maltreatment risk than voluntary families. It may also be expected that those families that were mandated to services may be more likely to engage in services (due to the external pressure) or less likely to engage in services (as resistance on the part of the parent may have been the original reason for the need for services to mandated).

With respect to research design for future research of family preservation services, perhaps a better approach to studying outcomes measured at the child level would be to conduct a multi-level analysis. Given that placement or maltreatment may occur for one child out of a family of four children, it would be useful to be able to determine for which families placement or maltreatment occurred, and then for which children. Relatedly, further research on this topic should include investigation into the potentially differential underlying conditions of different

types of maltreatment. Not only abuse or neglect, but physical abuse, sexual abuse, emotional abuse, physical neglect, medical neglect, and any other category for which there may be assessment at the given service provision site. This research project attempted to highlight the potential differences in the underlying conditions for abuse or neglect, but had no significant findings. Separating out subcategories for abuse and neglect may allow a researcher to better determine differences in underlying causes, and those circumstances for which poverty may play the most significant role. It is also possible that the reason no significant differences regarding type of services could be identified is that conceptual, expected, differences in the circumstances around different types of maltreatment have little to no bearing on what services are effective with these families.

Recommendations for social work education. Prevalent promotion of evidence-based practices must acknowledge the role of policy (are mandates from policy themselves developed on any kind of evidence of need/effectiveness?), and discourage the idea that evidence-based practice can be determined out of context: each population, service, and goal may have very different evidence for need and effectiveness. Based on the background and results of this research project, it is recommended that social work educators support students in developing critical thinking around evidence-based practice. Students need to learn how to evaluate what types of evidence (e.g. practice experience, theory, research) are appropriate and/or necessary, given the context and population of the practice at hand.

In master's-level education, this is particularly important, as direct-practitioners need to develop the ability to provide services with purpose and effectiveness and macro-practitioners are often in the position of developing models or rationales for the services provided to clients. Family preservation is a key example of how different types of evidence (e.g. theory versus

practice experience) can be implemented in different ways (for ideological positioning or to address an under-assessed need). Students must be able to understand the context in which the services they are providing or developing and how in the absence of statistical or other research-based evidence, theory and needs-based developed services may serve as the appropriate evidence (B. Thyer, personal communication, January 18, 2008) to justify the development of a particular practice model or constellation of services.

Those educated in social work to be practitioners (micro and macro) should continue to be encouraged to value and promote accurate and consistent record keeping of data for services and a detailed understanding of the specific populations they serve in the specific context in which they practice. Continued partnerships between service providers and academic settings (particularly through field internships and research collaboration with the community) can continue to reinforce the importance of research in practice and develop a foundation of understanding that research is necessary to the assessment of need, development of effective services, evaluation of services, and evaluation of outcomes – without which, the ability to ensure that social work practice is truly meaningful and beneficial is significantly limited.

Conclusion

Families experiencing risk of abusing or neglecting their children need assistance to improve their functioning, reduce the risk of maltreatment, and prevent the out-of-home placement of their children. The child welfare system has a responsibility to ensure the safety of children, but it has also been argued that families have the right to support with respect to challenges they experience as a result of structural barriers to their successful maintenance of family functioning. Among the financially and materially limited populations RDSS serves, the poorest are experiencing the least successful outcomes with regard to child safety. Those families

experiencing the greatest degrees of poverty were reported again to RDSS for maltreatment within a relatively short time period. The city of Richmond, Virginia, and the Richmond Department of Social Services may not be adequately supporting families in reducing the risk of maltreatment and may be able to better serve those families at the most risk by implementing more structurally-focused policy and services that alleviate poverty by addressing those families' material and economic needs. RDSS CPS Ongoing services and other family preservation programs should consider adopting the perspective that a family at risk of maltreatment who is receiving services may no longer be able to be considered "successful" if they complete services without having experienced out-of-home placement, unless it can be said that that family no longer experiences significant poverty.

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Vita

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